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The Behavioral Adjustment and Coping Responses of Boys of Battered Women

BY

Peter J. Lyons ©
University of Alberta

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

IN

Counseling Psychology

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1992

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ISBN 0-315-77407-X

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DEGREE:	Doctor of Philosophy
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ABSTRACT

Thirty boys aged 8 to 12 who resided with their mothers in temporary shelters for battered women were assessed for their behavioral adjustment and coping responses to stress. The Roberts Apperception Test for Children (RATC) and the Coping Inventory-Child's Form (CI-CF) were administered to the boys while the Child Behavior Checklist (CBC) and the Coping Inventory-Mother's Form (CI-MF) were administered to their mothers. The subjects were found to manifest significantly poorer levels of behavioral adjustment relative to children from the general population; their obtained Total Sum, Internalizing, and Externalizing mean scores on the CBC were close to two standard deviations above the mean, while an overall mean on the five RATC clinical scales was close to one-and-a-half standard deviations above the mean. The subjects who had been physically abused by their fathers were found to have poorer behavioral adjustment on the CBC than those who were not physically abused.

Relative to children from the general populations, the subjects rated themselves on the CI-CF as using significantly higher levels of distraction and significantly lower levels of stress recognition as a means of coping. Through a comparison of the CI-CF and CI-MF, it was determined that the subjects' mothers perceived them as using significantly more aggression and self-destruction and significantly less distraction than the subjects perceived of themselves. On the adaptive scales of the RATC it was determined that the overall sample profile was more similar to a clinical population than a

normal population in terms of adaptive resources in coping with interpersonal situations. It was also determined that the more poorly-adjusted subjects (identified through the CBC) were rated by their mothers on the CI-MF as resorting to significantly higher levels of aggression, self-destruction, endurance, and distraction in coping with stress relative to the better-adjusted subjects.

Clinical interviews were conducted with each subject and mother. Two major sources of stress impacting the subjects were evident; namely, their paternal and parental relationships. The subjects were found to manifest a variety of coping responses to these stressors. Among these were emotional repression, projection of anger onto a sibling, modeling their fathers' behaviors, and reacting to parental conflict by such behaviors as offering comfort to their mothers, seeking contact with a sibling, crying, and blaming themselves.

ACKNOWLEDGEMENTS

I am very grateful to my dissertation advisor, Dr. Peter Calder, for his support, direction, and insight as this study progressed. I also extend my gratitude to the remaining members of my committee for their useful critiques, Dr. Harvey Zingle, Dr. Linda McDonald, Dr. Marilyn Assheton-Smith, Dr. Chuck Hobart, and Dr. Allen Ivey.

This research would not have been possible without the support and hospitality of staff at the Winhouse 1 and Winhouse 2 shelters in Edmonton, and A Safe Place shelter in Sherwood Park. I am also indebted to the numerous boys and mothers who willingly participated in the study.

The unfolding of this work was made easier by the ongoing support, patience, and encouragement of my wife Paulette; while her name does not appear on the title page, this work belongs as much to her as it does to me. I am also deeply appreciative of the many forms of support offered by my parents throughout the past three years. And to Stephen and Bethany - Daddy will be home more often now.

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CHAPTER ONE: INTRODUCTION

Scope and Objectives

The issue of conjugal violence has received heightened attention from investigators over the past decade. A substantial portion of the research has focused on the characteristics of battered women and their abusive partners. However, there is evidence through these studies that the adverse effects of conjugal violence extend beyond the marital unit. Consequently, the effects of conjugal violence on children has also become a focal point in research.

The major objectives of this study were to examine the effects of conjugal violence on children's behavioral adjustment and to ascertain whether physical abuse of children of battered women produces an added adjustment effect. Another objective was to examine the coping responses of children exposed to conjugal violence relative to the coping responses of children in the general population. The coping responses of the better-adjusted children of battered women were compared to the coping responses of the more poorly-adjusted children of battered women.

Significance of the Study

Fantuzzo and Lindquist (1989) have compiled a review and analysis of research into the effects of children's observations of conjugal violence. They cite figures which indicate that repeated spousal violence occurs in approximately 10% of couples, and is even more prevalent among younger couples who are more likely to have children in the home. They identified 16 exploratory studies since 1975 which lead to a tentative conclusion that significant deleterious effects are incurred in children who witness conjugal violence.

Obtaining greater knowledge about the childhood effects of witnessing conjugal violence is important, given that these effects seemingly persist into adulthood and likely induce the chronic multi-generational cycle of violence (Moore & Pepler, 1989). A longitudinal study by Huesmann, Eron, Lefkowitz, and Walder (1984) determined that aggressive parents tend to rear more aggressive children than non-aggressive parents and these children are more prone to behave aggressively toward their own offspring. On the basis of empirical evidence, Carlson (1984) asserts that a substantial portion of witnessing children are destined to repeat the cycle of violently resolving interpersonal conflicts. Carlson advises that the most effective form of primary prevention of conjugal violence is intervention with the child. But the question remains: how do we effectively intervene?

While there is a volume of research addressing the psychological effects of witnessing conjugal violence, it is apparent that no investigations have specifically addressed the coping processes of the witnessing child. Jaffe, Wilson, and Wolfe (1986) state that our poor understanding of a child's adaptational process following stressful events involving close family members has partially led to our failure to offer appropriate intervention to children who witness conjugal violence. Fantuzzo and Lindquist

(1989) contend that in order to alleviate the effects of conjugal violence on children, an effective prevention strategy is required. Such a strategy is contingent upon a knowledge base of specific child characteristics which are associated with a child's vulnerability to deleterious effects of observing interparental violence. They go on to suggest that research in the 1990's should serve to develop a more comprehensive assessment of children exposed to conjugal violence, not only to enhance our knowledge of the deleterious effects, but more importantly to evaluate competencies of children who experience fewer detrimental effects. This calls for a focus on the coping processes occuring within children of battered women; do they differ from the coping processes of children from the general population? Moore and Pepler (1989) maintain that some children are seemingly more damaged than others by the same type of adversity; however, the mechanisms which mediate the effects of conjugal violence on witnessing children are poorly understood. There is practical significance in determining differences in the coping responses of children experiencing similar familial stressors, specifically conjugal violence.

In chapter 2 the literature pertaining to the effects of conjugal violence on children and the coping responses of children will be highlighted. Specific research questions arise from this review. In chapter 3 the methodology of the research study designed to address these questions will be put forth. The results of the study are described in chapter 4 while chapter 5 contains a discussion of the implications of these results.

Delimitations of the Study

Certain delimiting factors exist which make it difficult to gain an entirely clear picture of the effects of conjugal violence on children and their coping efforts in response to the various familial stressors. One of these factors is access, as it is generally easy to access these children once the family has divided, but substantially more difficult to access them prior to separation. This is evident in the review of Fantuzzo and Lindquist (1989) where it is noted that the majority of studies of conjugally violent families were carried out post-separation, and the investigators most often gained access through shelters for battered women. Consequently, most investigations have involved children who have been removed, if even recently, from their turbulent family situations. Fewer data have been accumulated about children who remain in conjugally violent homes as it is difficult to access these children.

A further delimiting factor is that it is more difficult to include the fathers than the mothers in studies of children from conjually violent homes, since the majority of children remain with their mothers post-separation. Consequently, the mothers' perceptions of the effects of conjugal violence on children are typically obtained, while the fathers' perceptions are left untapped. This is again clear in the review of Fantuzzo and Lindquist (1989).

Conjugal violence not only involves physical assault but the less tangible forms of battery such as mental and emotional cruelty. Therefore, some difficulty exists in ascertaining which specific children are from conjugally violent homes and which are not. In this study it will be accepted that any child residing in a battered women's shelter is from a conjugally violent home. However, it is possible that some children who are included in comparative samples from the "general population" are also from conjugally violent homes, even though efforts may have been made to include only well-functioning families. However, because of the sometimes intangible nature of conjugal violence as well as the tendency toward "family secrets", it can be difficult to exclude all children of dysfunctional, conjugally violent homes from general population samples. Therefore, the comparison may not be entirely “clean”.

An attempt was made in this study to differentiate boys who themselves had been physically abused by their fathers from boys who had not. In the separate interviews, the mothers and sons were asked if such abuse had taken place on at least one occasion, and were then requested to describe the nature of the alleged abuse. In line with criteria put forth by Carlson (1984), any assault reported by the mother and/or the boy which went beyond spanking in the buttocks area was considered as physically abusive. Therefore, any other form of parental disciplinary contact (e.g. slapping, kicking, punching) in any other part of the body other than the buttocks, resulting in physical pain and/or injury to the child, was considered to be physically abusive, recognizing that these criteria may be construed as value-laden.

A final delimiting factor pertains to the decision to assess only boys, as it was believed that the inclusion of both sexes was beyond the scope of this study.

Definitions of Terms

For purposes of this study, the following operational definitions will be utilized:

1) Stressor: Any form of mental, emotional, or physical tension, strain, or distress experienced by the subjects in this study as self-reported or reported by their mothers in the clinical interviews.

2) Adjustment: The degree to which, in response to stress, a subject regulates his behavior to fit imposed standards, as measured through the Child Behavior Checklist (CBC) and the clinical scales of the Roberts Apperception Test for Children (RATC).

3) Coping: The manner in which a subject contends with or responds to stressors, as measured by the Coping Inventory-Child's Form (CI-CF), the Coping Inventory-Mother's Form (CI-MF), and the adaptive scales of the RATC.

4) Conjugal violence: Any form of mental, emotional, or physical violence directed toward one spouse by another as reported by the subjects and their mothers.

5) Battered woman: Any woman who has been involved in a conjugally violent relationship and/or accepted into a government approved shelter for battered women. (In this sense, all of the mothers in this study are considered to be "battered women" as they were all residing in such shelters.)

CHAPTER TWO: REVIEW OF RELATED LITERATURE

A perusal of the research literature suggests that the issue of family violence has received increased exposure over the past decade. A corresponding heightened awareness of the effects of family violence on children has occurred. More specifically, research in the area of conjugal violence is no longer restricted to the dynamics between husband and wife; the effects of conjugal violence on children has also become a focus of attention.

The first section of this review highlights studies addressing the psycho-social adjustment of children who are exposed to conjugal violence. These studies elucidate the psycho-social effects of parental conflict. The second section of this review involves an empirical analysis of literature pertaining to the coping responses of children. Arising from this review are specific questions which were addressed in this study.

Conjugal Violence and Children's Adjustment

Retrospective Studies

A number of studies have involved adults who as children witnessed interparental violence. Flynn (1977) determined that over one-half of a group of assaultive husbands were witnesses of abusiveness between their parents. Waldo (1987) reported a study which found this number to be over 80%. Wasileski, Callaghan-Chaffee, and Chaffee (1982) found that close to 40% of both perpetrators and victims of spousal abuse among a sample of military personnel recalled watching their parents abuse each other.

Certain studies have focused on the long-term effects of witnessing conjugal violence. Forsstrom-Cohen and Rosenbaum (1985) utilized a total sample of 164 undergraduate students to determine that males and females who had viewed parental marital violence were significantly more anxious than those who experienced satisfactory parental marital relationships. Furthermore, females who had viewed violence were more depressed and aggressive than females who had either viewed nonviolent discord or satisfactory relationships. Watson (1985) found that adult subjects with a background of high exposure to parental violence manifested significantly more hostility, stress, and marital conflict than subjects with a background of low violence (total n=950). Ulbrich and Huber (1981) discovered that men who observed their fathers hitting their mothers are more likely to approve of violence against women. Gully, Dengerink, Pepping, and Bergstrom (1981) demonstrated with a group of 216 undergraduate students that recollections of violence in families of origin significantly predict self-reported violence as well as self-predicted violence in hypothetical situations. While parental conjugal violence was an important predictor, it was not as substantial a predictor as violence involving siblings.

Case Studies

Levine (1975), a medical practitioner, appears to be one of the first researchers to have systematically studied the effects of interparental violence on children. Through interviews and case histories of patients, Levine discovered that children from 50 families known to be characterized by domestic violence tended to manifest marked behavioral and psychiatric problems, including school truancy, aggression, and anxiety (e.g., specific prominent fears and phobias). Similar data was obtained by Rounsaville and Weissman (1977-78) who interviewed 37 female hospital patients receiving treatment due to spousal abuse. One-third of the subjects reported that at least one of their children had some behavioral disturbance, school difficulty, or problems with the law. Hilberman and Munson (1977-78) also addressed this issue within a medical health setting. Based on chart information of children of 60 abused mothers who were psychiatrically evaluated, the authors provided the following profile of the children:

> Pre-school and young school children displayed somatic complaints, school phobias, enuresis, and insomnia. The insomnia was often accompanied by intense fear, screaming, and resistance to going to bed at night. This behavior seems time-related, much of the wife-beating occurring when the children were in bed. Older children began to show differential behavior patterns which divided along sex lines. Aggressive disruptive behavior, most usually fighting with siblings and schoolmates and temper tantrums when frustrated, was the most frequently reported cluster for male children. In contrast, female children continued to have an increasing array of somatic symptoms and were likely to become withdrawn, passive, clinging, and anxious, this pattern also occurring with a smaller number of males. Most children had impaired concentration spans and difficulty with school work (Hilberman & Munson, 1977-78, p. 463).

Pfouts, Schopler, and Henley (1982) conducted case studies of 73 families involved in a social service agency due to child and/or wife abuse. It was observed that children who directly witnessed abuse of their mothers seemingly manifested greater emotional turmoil (e.g., anxiety, depression, social incapacitation) relative to children who directly witnessed abuse of their siblings. Layzer, Goodson, and Delange (1986) observed similar emotional characteristics in children as young as 18-months-old in a shelter for battered women. Close to three-quarters exhibited mood disturbances such as anxiousness, crying, and sadness, while over one-third evidenced health problems, sleep disturbances, and poor interactional skills with other children and with adults. Higher incidences of all of these problems were apparent in children who were known to be abused or neglected themselves.

Correlational Studies with no Comparison Groups

In assessing the impact of marital separation and divorce on children, Jacobson (1978) found a positive association between interparental hostility and behavioral maladjustment (e.g. academic disability, neurotic and psychotic behavior) in 51 children aged 3 to 17. The specific interparental behavior serving as the best predictor of child maladjustment was "One or both parents physically attacked the other." These findings were strongest for children aged 7-13, and were applicable to both immediate pre- and post-separation periods. Jacobson concluded that exposure to interparent hostility both before and after parental separation can contribute to a child's symptom formation.

Mies (1987) obtained a significant relationship between specific tactics utilized by parents in marital conflict and behavioral disorders in children, particularily when parents modelled verbal or physical aggression. Specifically, boys' conduct-disordered behavior was found to be related to their fathers' violent and verbally aggressive conflict tactics, while girls' anxiety-withdrawal behavior was related to their mothers' conflict tactics.

Westra and Martin (1981) determined that young children (mean age = 5.2) exposed to conjugal violence manifested an inordinate number of physical problems including hearing and articulation deficiencies, excessive aggressive behavior, and low motor and verbal cognitive abilities. The results were obtained through a medical examination, a standardized behavioral checklist completed by a parent, and a standardized cognitive test administered to the child.

Hughes and Barad (1983) studied 65 child residents of a battered women's shelter, obtaining the following results: preschool children portrayed a below average self-concept; girls of all ages manifested greater than average anxiety; school-aged boys exhibited greater than average aggressive behavior. Mothers depicted a pervasive tendency to rate their children more negatively than did shelter staff.

Porter and O'Leary (1980) obtained measures of overt marital hostility, general marital adjustment, and children's behavior problems from the parents of 64 children (aged 5-16) referred to a child psychological clinic. It was determined that overt marital hostility (including physical abuse observed by children) significantly correlated with several maladjustment measures in boys, particularily from ages 11 to 16. These measures include personality disorder, inadequacy-immaturity, and socialized delinquency. Overt marital hostility did not significantly correlate with these same measures for girls. General marital unhappiness did not correlate with problem behaviors for either boys or girls.

Correlational Studies with Comparison Groups

Violent group versus control group

In some studies children subjected to conjugal violence were compared with children from non-violent, non-discordant families (community control group). Hinchey and Gavelek (1982) utilized nonstandardized tests on 32 children (mean age = 4.4) to determine that children witnessing conjugal violence performed poorer than control subjects on measures of social competence (role-enactment, social inference, and role-taking). Clinical observations revealed no differences between the two groups in terms of social behavior. Rosenberg (1984) studied 20 slightly older children (aged 5-8) to determine that boys who were highly exposed to interparental conflict and violence evidenced more delinquent behaviors than control subjects. No significant differences were observed in comparing high exposure girls with control subjects.

In the following three studies the Achenbach Child Behavior Checklist (as completed by parents) was used to assess children's behavioral and social adjustment. Wolfe, Jaffe, Wilson, and Zak (1985) evaluated a sample of 198 children representing a wide age range (4-16) and residing in transition houses for abused women. These children were rated as significantly higher in behavior problems and significantly lower in social competence than those children in the community control group. Among the former group, one-third of the boys and one-fifth of the girls fell within the clinical range of behavior problems. The researchers also determined that factors associated with maternal stress may partially mediate the impact upon the child witnessing conjugal violence.

Jaffe, Wolfe, Wilson, and Zak (1986a) obtained a sample of 126 children (aged 6-11) from transition homes for abused women. It was found that in comparison to a non-violent control group, boys from violent families portrayed both internalizing and externalizing behavior problems and a lower level of social competence. Girls from violent families demonstrated internalizing behavior problems only. Furthermore, a closer examination of the violent sample revealed that for boys, the level of exposure to conjugal violence was significantly related to more substantial adjustment problems.

Christopoulos et al. (1987) determined that both sons and daughters of battered women (n=40) were significantly higher than children from a community control sample (n=40) on internalizing behavioral measures and to a lesser degree on externalizing behavioral measures. The community sample was controlled for socio-economic background, and boys from this sample were also found to be significantly above the standardized mean for externalizing behaviors.

Violent group versus discordant group versus control group

Few studies included a comparison of children from conjugal violent homes with children from non-violent but maritally discordant homes. Rosenbaum and O'Leary (1981) found that male children of abused wives (n=52) were more likely to manifest behavior problems in both the conduct and personality areas, relative to children from discordant (n=20) and non-discordant (n=20) homes (mean age =10). However, the differences were not statistically significant. These results may be explained by the procedure of selecting the target child; since only the male child closest to the age of ten was chosen, the child with the most problems in the family may not have been included.

Again utilizing male school-aged children as subjects (n=45, mean age =8.5), Hershorn and Rosenbaum (1985) found both marital violence and non-violent marital discord to be related to behavioral and emotional problems in the witnessing children, relative to satisfactory marital relations (control sample). Frequency of exposure to both discord and violence as well as punitive maternal parenting style were also proven to have differential negative effects. The two dysfunctional groups were distinguishable in terms of types of behaviors emitted by the children; abused wives tended to characterize their sons as exhibiting aggressive, acting-out behavior, while mothers in discordant marital relationships were more likely to report passive-aggressive, refusal behavior in their sons.

Fantuzzo, DePaola, & Lambert et al. (1991) determined that children aged 3.5 to 6.4 years who lived at home and were exposed to significant verbal conflict between their parents demonstrated moderate conduct problems relative to a control group with only low levels of conflict exposure. Those residing at home and exposed to both verbal and physical conflict manifested clinical levels of conduct problems and moderate levels of emotional problems. Those residing in shelters who were exposed to both verbal and physical conflict showed clinical levels of conduct problems, higher levels of emotional problems, and lower levels of social functioning and perceived maternal acceptance.

Other Comparisons

Two studies contrasted children who had witnessed conjugal violence with children who themselves had been abused by their parent(s). Jaffe, Wolfe, Wilson, and Zak (1986b) compared three groups of boys, aged 4-16, from three different sources: a battered women's shelter (n=32), a child welfare agency through which the children were under supervision for having been physically abused by their parents (n=18), and self-reported low-conflict families (n=15). On the basis of a parent-completed behavioral checklist, it was ascertained that boys exposed to conjugal violence held a pattern of adjustment problems similar to those of abused boys and significantly different in severity and type from those subjects in the community comparison group. While the abused boys demonstrated significantly greater externalizing symptoms than exposed-to-violence boys, both groups were significantly higher than the comparison sample on both internalizing and externalizing scores. However, there were no differences between the three groups on a measure of social competence.

Hughes, Parkinson, and Vargo (1989) assessed the combined impact on children, aged 4 to 12, of witnessing parental violence and receiving parental abuse. Two groups of children in a battered women's shelter were identified: abused/witnessing children (n=40) and non-abused/witnessing children (n=44). A community comparison group was also included (n=66). Results were such that the abused/witnessing children scored significantly higher on internalizing and externalizing measures than comparison children. Witness-only children scored between the two groups, with no significant differences from either group on both measures. Despite the insignificant findings, the authors concluded that it is of clinical importance that the abused/witnessing children obtained higher scores than the witness-only children. The results were not as clear for the younger group (aged 4-5) as the older group (aged 6-12).

Wolfe, Zak, Wilson, and Jaffe (1986) compared current (n=17) with former (n=23) child residents of battered women's shelters, and a non-violent community control group (n=23). The age range betweeen the three groups was 4-13. They found that current residents manifested significantly lower social competence (e.g. fewer interests, fewer social activities, and lower school performance) than either former residents or community control children. No significant differences between the three groups were noted on ratings of conduct or emotional problems (although trends were evident for higher internalizing and externalizing scores among children from violent families). The authors were interested in the finding that no significant symptomatic differences were apparent between former residents and the community sample, suggesting that it is plausible that children can recover from the impact of parental conflict and separation, assuming that the violence has been eliminated and appropriate support networks are in place.

Carlson (1990) assessed 101 adolescents in residential treatment agencies, half of which reported past exposure to marital violence. When compared to the other half who did not witness interparental violence, a substantial number of exposed-to-violence subjects reported being depressed, running away, hitting their parents, and hitting and being hit by dating partners. It was found that males exposed to spousal abuse were significantly more likely to run away and to report suicidal thoughts and somewhat more likely to hit their mothers. Witnessing marital violence was unrelated to females' behavior or well-being.

The Coping Responses of Children to Stress

A host of studies, which will be highlighted in this section, address the concept of children's coping in response to stress. To begin with, there are a number of studies in which single groups were utilized to identify different coping strategies utilized by children in response to a variety of stressors. Some of these authors viewed children's coping within the context of broad categories, while others as discrete behavioral responses. Another group of studies exist in which investigators compared coping responses between specific groups of children. Finally, in another set of studies, comparisons in coping responses were made between better-adjusted and poorer-adjusted children within the same group so as to identify "protective factors" which facilitate resilience to stress. There has been a particular emphasis in empirical research on the concept of active versus avoidant coping among children.

Single Group Studies: Coping as Broad Categories

Some investigators have treated coping strategies as general domains rather than discrete behavioral responses. Caty, Ellerton, and Ritchie (1984) examined 39 published case studies of hospitalized children (aged 1 to 10 years) who were awaiting surgery. These studies assessed a wide range of coping behaviors identified by the various investigators. The accumulated data were qualitatively analyzed in accordance with an adapted version of Lazarus' (1980) category system based on his stress and coping paradigm. Three major categories were implemented: 1) Information-Exchange Dimension (all verbal or non-verbal behavior which sought to attain, clarify, confirm, or relate information or to regulate the quantity of information received); 2) Action/Inaction Dimension (all noncognitive behavior directed toward governing the self or the environment by either acting upon or withholding behavioral impulses); 3) Intrapsychic Dimension (defense mechanisms, behaviors, and mental processes intended to regulate emotion and defend against anxiety). Results of the analyses determined that close to two-thirds of behaviors were classifiable as action/inaction, close to one-third as information-exchange, and less than five percent as intrapsychic.

Savedra and Tesler (1981) qualitatively analyzed the coping strategies of 33 hospitalized 6- to 12-year-old children, pre- and post-surgery. It was determined that children primarily resorted to "orienting coping strategies" prior to surgery, behaviors including looking and listening for information, exploring, and asking questions. After surgery children primarily implemented "active coping strategies", the most prevalent of which involved efforts to control the situation (e.g. offering suggestions, requesting favors).

Band and Weisz (1988) assessed the utilization of three coping approaches in 73 children aged 6 to 12, namely primary control coping (trying to change the stressful circumstances), secondary control coping (trying to adjust to circumstances as they are), or relinquished control (trying neither to change circumstances nor adjust to them). Subjects' responses to recollections of stressful episodes were coded as primary coping, secondary coping, or relinquished control. Only 3.5 percent of all responses involved relinquished control. As age increased, self-reports of primary coping declined and of secondary coping heightened; hence, the younger the child, the greater the tendency to exercise primary coping responses. Primary coping was utilized most frequently in those situations that the child may have perceived as more controllable (e.g. loss/separation, peer difficulty, and school failure), relative to less familiar situations (e.g. medical circumstances, physical accidents) or in situations involving conflicts with authority figures. The authors concluded that the sampled children evidenced a strong inclination to actively cope rather than relinquish control and thus fail to cope.

Brown, O'Keeffe, Sanders, and Baker (1986) applied research findings of adult coping methods in their study of children's responses to two imagined stressors (a dental situation and presenting a class report) plus one recent personal stressor. Earlier research had identified certain adults who spontaneously employed cognitive coping strategies resulting in less self-reported pain and stress (labeled "copers"), while other adults would focus on or exaggerate the negative aspects of the situation (labeled "catastrophizers"). Brown et al. determined that among their sample of 487 children (aged 8-18) the number of copers increased with age and the most frequently reported cognitive coping strategy was positive self-talk (e.g. "I can do it"; "Don't be nervous"). Copers reported significantly less anxiety than catastrophizers. Despite the finding that coping increased with age, catastrophizers were almost twice as prevalent as copers, most frequently focusing on negative affect (i.e. "I'm scared"; "My heart is pounding and I feel shaky"). These findings somewhat contradict the results of Band and Weisz (1988) that a minimal percentage of children failed to either change or adjust to stressful circumstances, although it may not be possible to draw a direct parallel between catastrophizing and relinquishing control.

Lazarus and Folkman (1984) theorized that coping strategies can be construed as either "problem-focused" or "emotion-focused" in nature. The former involves strategies that are directed toward the management or alteration of the problem causing the distress; the latter involves strategies that are directed toward the regulation of the emotional response to the problem. Building on this, Compas, Malcarne, and Fondacaro (1988) examined problem-focused and emotion-focused coping in light of maternal reports of children's behavioral/emotional problems. A sample of junior high school age subjects were presented with interpersonal and academic stressors, and were categorized on the basis of the generation of problem-focused or emotion-focused alternatives and strategies. It was determined that emotion-focused coping was positively related to behavioral/emotional problems, while problem-focused coping was negatively related to behavioral/emotional problems.

In the development of "The Life Events and Coping Inventory", Dise-Lewis (1988) utilized 681 children, aged 11 to 14, to generate a broad range of coping strategies in response to general stressors. The most popular coping strategy was labelled "distraction", encompassing such behaviors as doing a hobby, taking a walk or bike ride, exercising or doing a sport, relaxing, and going to sleep. Another popular strategy was "stress-recognition", involving such behaviors as crying, screaming, writing to someone or for oneself about the stressor, getting advice or talking to others, or drawing something. Another strategy was "endurance", including such responses as holding the stressor in, trying to forget about it, thinking about it alone, clenching one's teeth, and going away from everyone and just being alone. Less popular strategies included "aggression" (e.g. hitting someone, yelling or cursing at someone, getting in a fight, vandalism, theft) and "self-destruction" (e.g. smoking or consuming drugs, thinking about suicide, hurting oneself physically, doing something dangerous, stop doing schoolwork).

Single Group Studies: Coping as Discrete Responses

Some investigators identify coping strategies as discrete, specific behavioral responses, refraining from identifying coping strategies in general categories. Cummings and Cummings (1988) amalgamated data from various studies on children's responses to anger between others. They gleaned five predominant behaviors: 1) escape-avoidance (e.g. covering ears, leaving room); 2) seeking support (e.g. pursuing comfort from mother); 3) problem-solving (e.g. serving as mediator in disputes); 4) positive reappraisal (e.g. positive affect accompanied by distress); and 5) distancing (e.g. unresponsiveness in the midst of conflict).

Vipperman and Rager (1980) identified several specific coping strategies of school age children in response to stressful situations, including defense mechanisms, cognitive mastery, controlling/ holding behavior, repetition, humor, motor activity, aggression/ protest behavior, and withdrawal. However, the source of the authors' information is not made clear, nor do they provide specific examples of the strategies.

Mooney, Graziano, and Katz (1985) conducted a factor analytic investigation of children's nighttime fear and coping responses. One-hundred and seventy-eight children, aged 8-13, and one of their parents completed checklists, resulting in factors from each checklist that were comparable for both children and parents. Five factors of coping strategies emerged, in descending order of frequency: 1) internal self-control responses (e.g. think to self that there is nothing to be afraid of); 2) drawing on social support (e.g. seeking contact with a parent); 3) using inanimate objects as comforting agents (e.g. hugging pillow); 4) prayer; 5) avoidance or escape, involving either control over the inanimate environment (e.g. checking under the bed), or control over others (e.g. asking to get something to eat).

Jenkins, Smith, and Graham (1989) investigated children's reactions to parental quarrels in a general population sample of 9- to

12-year-old children. The sample was comprised of 139 families. Qualitative data pertaining to children's coping responses to specific episodes of parental quarrelling, as well as children's emotional and behavioral status, was obtained through semistructured interviews with both children and mothers. Seventy-one percent of the children reported actively intervening in parental quarrels, including such behaviors as telling them to stop, crying, going to sit beside a parent, and distracting them. A host of other coping strategies were identified: seeking contact with a sibling, confiding in friends, offering comfort to parents after a quarrel, self-blame, seeking information about quarrels, and perceiving beneficial aspects to parental quarreling. A significant direct relationship was quantitatively determined between the degree of children's intervention in parental quarreling and their degree of manifested behavioral and emotional symptoms. However, children's disturbances were not found to be predicted by any other coping strategies.

A Comparison of Coping Strategies Among Groups

Some studies have determined that different groups utilize divergent coping strategies to varying degrees of effectiveness. Williamson, Zeitlin, and Szczepanski (1989) applied the Early Coping Inventory (ECI) to assess the coping behavior of 25 developmentally disabled and 25 nondisabled children, aged 4 to 34 months. The ECI is an observational instrument and allows for systematic ratings of coping-related behaviors comprising three categories: 1) sensorimotor organization (regulation of psychobiological functions, reactions to a host of sensory stimuli, and utilization of the sensory and motor systems); 2) reactive behavior (responses to the demands of the physical and social environment); and 3) self-initiated behavior (autonomously generated behaviors used to meet self-needs and to interact with objects and people in a self-directed fashion). Nondisabled children, as a group, demonstrated more effective coping-related behavior than disabled children in all three categories, but most notably in self-initiated behavior. Disabled children were situationally effective, such that effective behavior in one type of situation was not generalized to other types of situations. Their coping behavior was seemingly erratic, inflexible, or limited in the range of accessible management strategies.

Ryan (1989) had 8 to 12 year old children report, both verbally and in writing, on strategies they use to assist them in dealing with stressors. The feedback contained 518 specific coping strategies which were inductively sorted into 13 categories. Girls identified significantly more social support and emotional behaviors than boys, while boys identified significantly more physical exercise activities than girls. Ryan concluded that the determination of such a wide variety of coping strategies generated by the children lends support to Lazarus' claim that children implement both cognitive and behavioral efforts, either problem-focused or emotion-focused, to cope with stressors.

Miller, Danaher, and Forbes (1986) videotaped 4 groups of 24 children, aged 5 to 7 years, involved in play. Two types of coping strategies in response to conflictual interactions were assessed, one characterized by active persuasion, the other by mitigation without disruption of social harmony. It was determined that once within a conflict situation, boys were inclined towards the first strategy (e.g. threat and physical force) significantly more than girls, while girls were inclined towards mitigation tactics significantly more often, particularily when interacting with other girls.

Spirito, Overholser, and Stark (1989) contrasted the coping strategies of adolescent suicide attempters (n = 76) with both distressed and nondistressed nonsuicidal adolescents (n = 186). An instrument entitled the Kidcope was applied, a checklist designed to assess cognitive and behavioral coping strategies in ten specific areas: distraction, social withdrawal, wishful thinking, self-criticism, blaming others, problem solving, emotional regulation, cognitive restructuring, social support, and resignation. Results determined that suicide attempters utilized social withdrawal, problem solving, and emotional regulation more frequently than did nondistressed controls, but not more often than distressed controls. Distressed controls used wishful thinking and resignation more often than did suicide attempters.

Stress Resilient Children

One area of study which has received substantial attention in recent years involves children who are seemingly resilient to stress. Garmezy (1983) describes stress-resilient or "invulnerable" children as having been exposed to stressors of marked gravity, generally associated with an increased probability of present or future maladaptive responses. However, such outcomes are not actualized in some children who instead respond in a behaviorally adaptive and competent manner, suggesting that there are certain common traits which characterize these less vulnerable children. Rutter (1985) refers to such traits as "protective factors" which serve to modify, ameliorate, or alter the individual's response to some threat or hazard which predisposes to a maladaptive response. These mechanisms are likely a part of the individual's constitution.

Protective Factors

Several empirical studies have been designed to identify constructs or variables capable of differentiating stress resilient from non-resilient children. Only the first study cited is not of a longitudinal nature.

Stiffman, Jung, and Feldman (1986) assessed the behavioral problems of 306 children (aged 6 to 15) of mentally ill parents. Behavioral functioning was obtained through a standardized checklist generally completed by the best functioning parent. Two specific coping skills of children were found to have predictive power of lower behavioral problem scores. These coping skills were identified as "activity competence" (e.g. participation in sports, clubs, jobs, chores) and "academic competence" (e.g. good performance in academic subjects, placement in a regular program, grade promotion, absence of school problems). Interpersonal competence, intelligence, and self-esteem were found to be unassociated with behavioral problems.

Murphy and Moriarty (1976) conducted a 14-year qualitative longitudinal analysis of 128 middle-class children to ascertain characteristics of children who cope well. What emerged was a profile of "good copers" who were cognitively capable, affectively expressive and effective, and attitudinally responsive. They manifested good self-esteem, realistic environmental appraisals, flexibility, uninhibited communication, lucid perceptions, a warm demeanor, high frustration tolerance, creativity, and acute insight, intuition, and attentiveness.

Mischel, Shoda, and Peake (1988) initially assessed the ability/ willingness of 653 preschoolers to delay gratification. A decade later, parental personality ratings of 95 of these children were obtained. It was determined that the self-imposed gratification delay time as preschoolers predicted a set of cognitive and social competencies and stress tolerance as adolescents. Specifically, children who were able to wait longer at the ages of 4 or 5 became adolescents whose parents rated them as more academically and socially competent, verbally fluent, rational, attentive, planful, and capable of dealing well with frustration and stress (relative to peers).

Zimrin (1986) conducted a longitudinal study of personal and situational factors which are crucial for successful coping and survival of abused children. Twenty-eight abused children were initially identified and over the course of 14 years were periodically observed, interviewed, and psychologically tested. On this basis, the subjects were categorized as "survivors" or "non-survivors". The former group had survived their childhood trauma as evidenced by good psychosocial adjustment in early adulthood, while the latter group had succumbed to their childhood trauma, as evidenced by a high degree of psychosocial pathology in early adulthood. Relative to survivors, non-survivors manifested significantly greater scores on the following variables: fatalism (e.g. helpless/defeatist approach to life); negative self-image (e.g. sense of worthlessness); cognitive difficulties (e.g. lack of scholastic achievement, lack of creativity); self-destructiveness (e.g. discontinuing successful activities); lack of hope and fantasy (e.g. despair); dysfunctional behavior patterns (e.g. excessive yielding, pliability, and/or belligerence); and lack of external support (e.g. never revering an older person, never being responsible for someone else). On the other hand, both survivor and non-survivor groups were high on variables of aggression and incapacity to establish personal relationships.

Werner (1989) conducted an extensive longitudinal study dating back to the birth of 698 individuals in 1955, one third of whom were considered at risk throughout their childhoods, for a variety of reasons. Of those at risk, close to one third developed into stable, competent, well-adjusted adults, suggesting a certain resiliency as children. Differences were evident from early childhood and onwards between the adults who coped adaptively and their less successful peers. As toddlers, the adaptive adults manifested more advanced communication, locomotion, and self-help skills. As school-aged children, the adaptive group exhibited more positive peer relations, more extensive involvement in hobbies and activities, and more proficient reasoning and reading skills relative to their less adjusted peers. By the end of high school, the adaptive group had established a positive self-image and an internal control orientation. As adults, they scored two standard deviations more internal on locus of control measures than the less adjusted group.

In summary, these studies demonstrate that stress-resilient children possess certain characteristics which may serve to heighten their ability to adjust more effectively to stress-engendering situations. Some of the more prevalent characteristics include a positive self-esteem, good insight and attentiveness, a high frustration tolerance, academic competence, positive peer relations, high activity involvement, and an internal locus of control. It is conceivable that these various characteristics merge within the child to produce a particular coping style, allowing the child to respond consistently across a multiformity of stressful situations. It is also conceivable that the coping style of the stress-resilient child is more active than avoidant, a dichotomy that has received particular empirical attention.

Active versus Avoidant Coping Styles

A rather common area of study involves two dichotomous coping styles which can be characterized as active and avoidant approaches. Miller and Green (1985) reviewed literature addressing the methods of coping with threat and frustration. Evidence is cited which demonstrates that many individuals cope with aversive events through methods of cognitive avoidance or "blunting" of threat-relevant information as a means of reducing arousal. Through an interaction of individual differences and situational factors, others revert to a more active coping mode involving cognitive sensitization or "monitoring" of threat-relevant cues. Miller and Green suggest that "blunters" benefit more from distraction while "monitors" benefit more from information.

In a similar vein, Krohne (1980) theorized that through a combined effect of parental child-rearing behaviors and child personality factors, behavioral tendencies emerge in the child which can be characterized as either "repression" or "sensitization" styles of coping. Repression involves neglect or avoidance of stressor cues while sensitization involves a focus on stressor cues, similar to Miller and Green's concepts of blunting and monitoring respectively. Krohne postulates that normal coping is somewhere between the two dichotomies.

This dichotomy appears to have received particular attention in studies of the coping styles of hospitalized or ill children. LaMontagne (1984) examined the coping behavior of 51 children, aged 8-12, who were scheduled for minor elective surgery. On the basis of interview responses, children were qualitatively assigned to one of three groups: active copers, avoidant copers, or avoidant-active copers. The more active the child, the more detailed was his or her knowledge about the medical problem and the surgery, and the greater the readiness to discuss the operation. Results indicated that active copers had greater internal locus of control scores than either of the other two groups. LaMontagne (1987) replicated this study, determining low but statistically significant associations between active coping and three variables: internal locus of control, increasing age, and increased amount of information given to the child by medical personnel.

Field, Alpert, Vega-Lahr, Goldstein, and Perry (1988) utilized the Sensitizer/Repressor Scale for Children to determine the coping styles of 56 children (mean age = 6.5 years) hospitalized for minor surgery. Those children rated by their mothers as sensitizers were observed to be more active, talkative, and affectively expressive during play relative to children rated by their mothers as repressors. Furthermore, sensitizers were more active, inquisitive, and behaviorally distressed during invasive procedures, and required fewer hours of intensive care than repressors.

Cummings (1987) identified three coping styles among pre-schoolers in response to background anger. *Concerned* responders directly confronted the situation; *ambivalent* responders had no focus and became highly aroused; *unresponsive* children inhibited responding, masking feelings of angry arousal. These response patterns had been evident in assessments of the same children three years earlier, supporting the structural concept that coping is a consistent response over time.

In short, there is some evidence to suggest that children who adopt an active coping style function more effectively in stressful situations than children who adopt an avoidant coping style, hence manifesting greater stress resilience.

Summary of Literature Review

The first part of this literature review addressed the effects on children of observing conjugal violence. There is evidence to suggest that a direct relationship exists between violent interparental conflict and children's behavioral adjustment. The vast majority of empirical studies points to an association between these two variables. Certain findings lead to the suggestion that physically abused children who are also exposed to conjugal violence suffer even greater psychological effects.

The effects of children's observations of conjugal violence can be summarized as follows:

1) *Externalizing behavioral problems* , (particularly in boys), including aggressiveness, temper tantrums, immaturity, and delinquencies;

2) *Internalizing behavioral problems* , (particularly in girls and younger children), including anxiety, depression, withdrawal, passivity, mood fluctuations, somatic complaints, sleep disturbances, and enuresis;

3) *Social incompetencies* , including lack of social awareness and inference, social incapacitation (e.g. poor interactional patterns), and low self-esteem;

4) *School difficulties* , including school phobias, truancy, and inadequate academic performance;

5) *Cognitive performance deficits* , including limited concentration, hearing and articulation problems, and lack of cognitive-motor abilities;

6) *Psychological abnormalities* , including personality disorders as well as neurotic and psychotic behaviors.

In the second section of the literature review the concept of children's coping was examined. A perusal of the literature addressing this issue finds that the concept of "coping" is perceived in terms of broad categories (e.g. primary, secondary, or relinquished control coping) or in terms of discrete behavioral responses (e.g. seeking support, positive reappraisal, or distancing). Some of the stressful situations under study included impending medical treatment, an imagined class presentation, and nighttime fears. It appears that only one study directly addressed children's coping with parental conflict; Jenkins et al. (1989) determined that children cope with parental quarreling in a variety of ways, some of which involve direct attempts to intervene. In summarizing the various coping responses arising from these studies, most can be categorized within the two major domains of coping popularized by Lazarus and Folkman (1984), namely problem-focused coping (managing or altering the problem) and emotion-focused coping (regulating one's emotional response). Certain evidence suggests that children who rely more heavily upon emotion-focused as opposed to problem-focused responses are less behaviorally adjusted. Other evidence shows that children generate problem-focused or emotion-focused responses as the situation demands. There is further evidence to suggest that suicidal children implement problem-solving methods and emotional regulation more frequently than nondistressed children, suggesting that problem-focused and emotion-focused coping strategies are highly useful to children who are grappling with adverse conditions.

The notion of differential coping leads to the concept of stress-resilience and Rutter's (1985) claim that certain "protective factors" allow children to cope more effectively with stress. The findings of a host of studies verify that children who manifest effective behavioral adjustment under adverse circumstances do reflect certain protective factors relative to children whose adjustment has been less functional. Such protective factors likely facilitate the child's access to adaptive coping responses in stressful situations. These factors can essentially be summarized within three general domains of the individual's psychological constitution, namely the cognitive, social, and emotional:

1) *Cognitive.* This domain includes such protective factors as good insight, attentiveness, intuition, creativity, reasoning and reading skills as well as scholastic achievement.

2) *Social.* This domain includes such protective factors as a high social activity level, uninhibited communicative skills, a warm demeanor, positive relations with peers and adults, and a capacity to realistically appraise the social environment.

3) *Emotional.* This domain includes such protective factors as high self-esteem, flexibility, gratification delay, and frustration tolerance as well as an orientation towards an internal locus of control, self-determination, constructiveness, and hopefulness.

Arising from the literature on stress-resilience are two dichotomous styles of coping, namely active versus avoidant approaches. The former involves the monitoring of threat while the latter involves the blunting of threat. Some evidence suggests that children who manifest more active coping styles are more capable of behaviorally adjusting to stressful circumstances than those who tend toward avoidance.

A Research Direction

There is evidence to support the supposition that children of abused women are at risk of incurring a variety of behavioral symptoms, relative to children of non-abused women. There is also evidence which links coping responses with behavioral adjustment in children (e.g. Compas, Malcarne, & Fondacaro, 1988; Field et al., 1988; Jenkins, Smith, & Graham, 1989; Zimrin, 1986). The researchers in these studies considered the behavioral adjustment of their subjects to be a product of the particular coping styles or strategies that they portrayed. It follows that the behavioral adjustment of children of abused women could be viewed as a direct result of the kinds of coping responses that they utilize.

There appears to have been no research directly assessing the coping responses of children of battered women. Therefore, it was useful to design a study to this extent, focusing on the behavioral adjustment of children of battered women as well as their coping responses to family stressors. As a majority of the studies analyze coping responses on the basis of an external rater, it was of interest to obtain coping measures from the child's own perspective.

Furthermore, there is evidence indicating that boys respond to parental conflict in different ways than girls (Block, Block, & Morrison, 1981; Forehand et al., 1987; Whitehead, 1979). Therefore, it seemed necessary to keep separate the study of coping responses of boys and girls. As there has been a call to more closely examine the contributions of males to the intergenerational transmission of violence (e.g. Carlson, 1984), it seemed appropriate to begin with an investigation into the coping responses of the sons of battered women.

The review of literature gives rise to specific questions within two general domains, namely behavioral adjustment and coping responses, which were addressed in the present study:

Behavioral Adjustment

1) Do boys of battered women manifest higher levels of behavioral maladjustment than children in the general population?

2) Do physically abused boys of battered women show higher levels of behavioral maladjustment relative to boys of battered women who have not been physically abused?

Coping Responses

3) Do boys of battered women utilize less effective coping responses to stress than children in the general population?

4) Do boys of battered women perceive themselves as utilizing different coping responses to stress relative to the perceptions of their mothers?

5) Do boys of battered women demonstrate different adaptive resources in coping with interpersonal situations than children in the general population?

6) Do boys of battered women who manifest worse behavioral adjustment utilize less effective coping responses relative to boys of battered women who manifest better behavioral adjustment?

CHAPTER THREE: METHODOLOGY AND RESEARCH DESIGN

The purpose of this study was to examine the effects of conjugal violence on children's behavioral adjustment and the coping responses to stress of children in conjugally violent homes. Specifically, the main objectives were to contrast the behavioral adjustment of boys of battered women with the behavioral adjustment of children in the general population, and to further examine whether those boys of battered women who were themselves physically abused by their fathers exhibit greater maladjustment than those who were not physically abused. Another objective was to examine the coping responses of boys exposed to conjugal violence relative to the coping responses of children in the general population, and to further ascertain whether the coping responses of the better-adjusted boys of battered women differ from those of the more poorly-adjusted boys of battered women.

Participants

Subjects were 30 boys between the ages of 8 and 12 who were residing with their natural mothers in temporary shelters for abused women. The mean age of the subjects was 9.8 years. Twenty subjects were caucasian, 9 were of native Indian heritage, and 1 was of East Indian heritage. Twenty-four of the subjects' mothers had come directly to the shelter after having left their spouse, whereas 6 had been separated for at least a few months but were attempting to avoid harassment from their estranged spouse. Seventeen of these spouses were the subjects' natural fathers while 13 were stepfathers. Sixteen of the subjects were their mothers' firstborns, 8 were secondborns, and the remaining 6 were thirdborns or later. Seven mothers were separating from their spouse for the first time, 8 for the second time, 6 for the third time, and 9 for the fourth time or more. Seventeen mothers were in a shelter for their first time, 8 for their second time, 3 for their third time, and 2 for their fourth time or more. Thirteen families had an average combined annual income over the past three years of $10,000-20,000, 7 of $20,000-30,000, 6 of $30,000-40,000, and 4 of over $40,000. Twenty-two mothers reported having been physically assaulted on at least one occasion by their estranged spouse while 8 denied ever having experienced physical abuse, but were admitted to the shelter due to psychological abuse. Fifteen subjects were reported by themselves and/or their mothers to have been physically assaulted (beyond spanking on the buttocks) on at least one occasion by the spouse in question, while the remaining 15 were reported to have never been subjected to such abuse; of the 15 boys that were reported to have been assaulted, 10 of their perpetrators were their natural fathers while 5 were their stepfathers.

Procedure

Agreement to participate in this study was initially obtained from staff of three temporary shelters for abused women. These were the Winhouse I and Winhouse II shelters in Edmonton and A Safe Place shelter in Sherwood Park (a suburb of Edmonton). These are the only government approved short-term shelters for abused women in the Edmonton area. Families generally remain for no more than three weeks, and rarely beyond a month.

Data were collected from November, 1990 to August, 1991. The actual involvement of shelter staff was kept to a minimum. They were simply asked to request that all resident mothers of prospective subjects (boys between the ages of 8 and 12 years) give consideration to involving themselves and their sons in the study. They agreed to approach these mothers within a week of arriving at the shelter, and to provide them with a letter entitled "Coping With Stress Study" (see Appendix I). These letters were personally signed by the investigator and his supervisor and essentially described the nature of the study and provided further solicitation for participation. Once a mother consented to participating, the investigator arranged an appointment either through a staff member or directly with the mother. Thirty-five mothers were approached by shelter staff to participate. Of these, four declined to participate and one did not arrive for the appointment. The remaining 30 agreed to participate and followed through on their agreement.

All appointments were held in an office in the shelter in which the family was residing. One appointment was necessary for each subject. A semi-structured interview of the mother was conducted, generally requiring one to two hours. The subject himself was then seen, generally from one to two hours, including a semi-structured interview and the administration of a questionnaire and projective testing. While this latter interview was taking place, the mother completed two questionnaires. Shorthand notes were taken in both interviews and transcribed immediately after the interview. Tests were also immediately scored.

In each of the separate interviews, the boys and mothers were asked to describe the various stressors within the family which the boys were exposed to, and to further describe the manner in which the boys would generally respond to these stressors. The tests utilized were the Child Behavior Checklist, the Roberts Apperception Test for Children (a projective test), the Coping Inventory-Child's Form, and the Coping Inventory-Mother's Form. Through this testing it was possible to ascertain the subject's level of behavioral adjustment and his general coping responses to stress. Because the interview data were immediately transcribed and the tests were immediately scored, it was possible to readily provide the mothers with feedback arising from the assessment. In each case the mother was contacted by telephone or in person within a week after the interview and given such feedback.

Instruments

Behavioral Adjustment

Child Behavior Checklist (CBCL)

The CBCL (Achenbach & Edelbrock, 1983) is designed to record in a standardized format the behavioral problems of children aged 4 through 16 years as reported by their parents or significant others. The CBCL is frequently utilized for research purposes to determine the behavioral adjustment of children exposed to conjugal violence (e.g. Christopoulos et al., 1987; Jaffe, Wolfe, Wilson, & Zak, 1986; Wolfe, Jaffe, Wilson, & Zak, 1985). It is a self-administered paper-pencil inventory, comprised of 118 items describing a variety of problem behaviors. The items and format were refined through successive editions which were pilot tested with parents of children referred for mental health services.

Each item is rated on a three-point scale from Not True to Very True according to the child's behavior over a time period as selected by the test user. Responses are scored utilizing the Revised Child Behavior Profile, derived by the authors in accordance with sex- and age-based normative data. For example, separate profiles have been compiled for males and females between the ages of 8 and 11, which is close to the age range of the subjects in the present study. The male profile, applicable to this study, is comprised of nine scales, each representing a particular behavioral syndrome. Five of these scales, namely *somatic complaints, schizoid, uncommunicative, immature,* and *obsessive-compulsive,* form an "internalizing" dimension while three scales, namely *delinquent, aggressive,* and *hyperactive,* form an "externalizing" dimension; a ninth scale, namely *hostile withdrawal,* is not categorized under either dimension.

Scores for internalizing, externalizing, and total problem dimensions are obtained by converting raw scores to standard *T*-scores based on published norms for the appropriate age and sex groups (Achenbach & Edelbrock, 1983).

The authors report adequate reliability. The median Pearson correlation for 1-week test-retest reliability of mothers' ratings was

.89 for scale scores and total problem scores. The median Pearson correlation between mothers' and fathers' ratings was .66. Test-retest correlations for inpatients' scores averaged .74 for parental ratings and .73 for child care workers' ratings over a 3-month period. Test-retest correlations for outpatients' scores were in the .60s over a 6-month period.

The authors report good content validity as 116 of the 118 items were significantly ($p < .01$) associated with clinical status, established independently of the CBCL. Good construct validity is evidenced by correlations ranging from .71 to .92 between the total behavior problem score of the CBCL with the total scores of other behavior rating instruments. Criterion-related validity was demonstrated in terms of significant differences ($p < .001$) between demographically-matched children with clinical versus non-clinical status on all Profile scores for all sex/age groups.

This instrument can be utilized to distinguish better-adjusted from more poorly-adjusted subjects. For purposes of comparing these two groups, T-score cut-offs will be arbitrarily chosen. The "total problem" (T sum) scores of the better-adjusted subjects will be less than one-and-a-half standard deviations above the mean of the general population (T<65); in line with the normative data established by the authors, the scores of the better-adjusted group will not be higher than the 93rd percentile in terms of total problems. The scores of the more poorly-adjusted group must be at least two standard deviations above the mean of the general population (T>69), meaning that their scores will be at the 98th percentile or higher in terms of overall problems; this range is suggestive of significant maladjustment as these children fall within the top 2 percent of overall behavioral problems.

The Roberts Apperception Test for Children (RATC): Clinical Scales

The RATC (McArthur & Roberts, 1982) is a projective instrument designed for children aged 6 through 15. It consists of the successive presentation of 16 stimulus cards, each of which depicts children involved in everyday interpersonal events of contemporary life. The RATC portrays situations involving parent-child relationships, sibling and peer relationships, school, aggression, mastery, parental disagreement, and parental affection. Children are asked to tell a story based on each drawing in terms of what is happening in the picture, what led up to the scene, what the people are talking about and feeling, and how the story ends.

The stories were recorded by the investigator in handwriting as they were told. Each story was analyzed in accordance with an objective, quantitative rating system constructed by McArthur and Roberts (1982), comprised of 7 "adaptive scales" and 5 "clinical scales". The adaptive scales were used as an indicator of coping (refer to the next section), while the clinical scales were used as an indicator of behavioral adjustment. Objective criteria are provided to score each adaptive and clinical scale. If the criterion for a particular scale appeared in one of the subject's 16 stories, the subject was given one point for that scale. Hence, a subject could receive a maximum of 16 points on a particular scale.

The clinical scales are indicative of areas of conflict or psychological difficulty in the child, and as such can be utilized as a measure of adjustment. A general description of each clinical scale is as follows:

1. *Anxiety* scale measures the degree of manifest anxiety or apprehension as well as guilt or remorse.
2. *Aggression* scale measures the degree of manifest anger as well as physical and/or verbal aggression.
3. *Depression* scale measures the degree of manifest sadness, despair, or physical symptoms of depression.
4. *Rejection* scale measures the degree of manifest feelings of alienation, separation, jealousy, and discrimination.
5. *Unresolved* scale measures the degree to which there is no resolution to problem situations.

The sample of boys of abused mothers in this study was compared to normative and clinical samples used by the authors in validating the RATC, in terms of their behavioral adjustment as measured through the clinical scales. In the next section, scoring procedures, reliability, and validity of the RATC will be elucidated.

Coping Responses

The Roberts Apperception Test for Children (RATC): Adaptive Scales

In the previous section, the clinical scales of the RATC were described as measures of behavioral adjustment. In this section, the adaptive scales will be highlighted as a measure of coping. McArthur and Roberts (1982) state:

> Interpretation of the RATC is based on the assumption that children, when presented with ambiguous drawings of children and adults in everyday interaction, will project their characteristic thoughts,

> concerns, conflicts, and coping styles into the stories they create (p. 2).

The adaptive scales measure adapative functioning or, in other words, coping ability. A general explanation of each adaptive scale is as follows:

1. *Reliance on Others* scale measures the adaptive capacity to utilize external assistance to overcome a problem.
2. *Support-other* scale measures the tendency to support others by providing help, emotional aid, or material objects.
3. *Support-child* scale measures self-sufficiency and maturity as evidenced by assertiveness or the experience of positive emotions.
4. *Limit setting* scale measures the adaptive capacity to benefit from reasonable and appropriate limits imposed by authority figures.
5. *Problem identification* scale measures the adaptive capacity to engage in and articulate problem situations (reflecting the capacity to recognize complex, dynamic interactions).
6. *Resolution 1* scale measures the tendency to pursue magical, wish-fulfilling, or unrealistic solutions to problems.
7. *Resolution 2* scale measures constructive and/or harmonious problem resolutions, either external or intrapsychic in nature.

Once each of the 16 stories were rated on the above scales, total points were tallied for each adaptive and clinical scale. The raw scores of each scale were plotted on the appropriate Profile Form which are based on age norms established by the authors. To facilitate scale comparisons, raw scores were converted to normalized *T*-scores on the Profile Form. The authors define *significant* *deviation* as one standard deviation from the mean in either direction. Therefore, scores between 40*T* and 60*T* are considered to be within the normal range.

In terms of reliability, McArthur and Roberts (1982) report a range of 85.8% to 92.8% interrater agreement among 17 raters of the same three protocols. Split-half reliability estimates for the profile scales (which include the adaptive scales) range from .44 (Reliance) to .86 (Limit setting).

As a way of assessing validity, McArthur and Roberts (1982) contrasted the RATC with two other clinically proven apperception tests for children, the Children's Apperception Test (CAT) and the Thematic Apperception Test (TAT). The RATC was found to elicit fewer stereotyped responses, to be more relevant to the particular area of interpersonal functioning being assessed, and to more fully measure the range of children's emotional responses including aggression, relative to the CAT and the TAT. From these findings, the authors reason that the RATC is a clinically useful instrument.

In this study, the adaptive scales of the RATC were utilized to assess the child's adaptive resources in coping with interpersonal situations, as it was feasible to measure the consistency of various coping responses across a multiformity of stressful situations. The degree to which an adolescent displays reliance on others, support towards others, self-sufficiency, a need for limits, and effective problem formulations and resolutions provides information about methods of coping that the adolescent utilizes in response to situations of stress. As with the clinical scales, the sample of boys of abused mothers in this study were compared to the normative and clinical samples used to validate the RATC, in terms of their adaptive functioning as measured through the adaptive scales.

Interrater Agreement on the RATC

Interrater agreement in this study was established between the principal investigator and a psychologist familiar with the Roberts Apperception Test for Children (RATC). The sets of stories of six subjects were randomly selected and scored separately by the two raters according to the criteria set forth by McArthur and Roberts (1982). Each of the twelve scale score means of the six subjects were compared between the two raters to obtain an agreement percentage for each scale, as reported in Table 1. The average of the agreement percentages of the twelve scales is 90.43% which is the overall interrater agreement, comparable to that obtained by the authors of the RATC (between 85.8% and 92.8%). Thus, there is adequate interrater agreement in this study.

TABLE 1 Interrater Agreement on the Roberts Apperception Test for Children (RATC)

RATC Scale	Rater #1 mean raw score	Rater #2 mean raw score	Difference of raters 1 & 2	Agreement percentage
Reliance	1.8	2.0	-0.2	91.7
Support-Other	1.7	1.7	0.0	100.0
Support-Child	0.8	0.8	0.0	100.0
Limit Setting	2.0	1.5	0.5	75.0
Problem I.D.	4.5	5.3	-0.8	84.4
Resolution-1	1.0	0.8	0.2	83.3
Resolution-2	2.0	1.8	0.2	91.7
Anxiety	6.2	6.2	0.0	100.0
Aggression	9.2	9.7	-0.5	94.8
Depression	4.5	4.7	-0.2	96.4
Rejection	3.0	2.2	0.8	72.2
Unresolved	10.8	11.3	-0.5	95.6
AVERAGE			0.325	90.43

The Coping Inventory - Child's Form (CI-CF)

The Coping Inventory (CI) was taken from the Life Events and Coping Inventory (LECI, Dise-Lewis, 1988). It is a self-administered paper-and-pencil inventory, completed by the child, which can be utilized to assess styles of coping in response to difficult situations or feelings of tension. The instrument was designed to identify the behaviors adolescents find useful in managing stressful encounters.

The LECI was standardized on 681 male and female students aged 11 to 14, predominately white and middle-classed. The development of the instrument began with the structured interviews of 104 of these subjects who generated items pertaining to events that produced stress in their lives and strategies used to cope with or reduce stress. Subsequently, 90 different subjects participated in three refinements of the items, generating a pilot questionnaire which was then administered to 502 other subjects. On the Coping Inventory portion of the questionnaire, subjects were asked to rate on a Likert-type scale from 1 to 9 the degree to which they would use a particular coping behavior as a way of dealing with stress. From this, 52 coping item ratings were subjected to a principal component factor analysis with oblique rotation resulting in a five-factor solution of meaningful and logically distinct factors with high internal consistency (Chronbach Alpha coefficients ranging from .68 to .89). These coping indices were labeled "Aggression", "Stress-recognition", "Distraction", "Self-destruction", and "Endurance". A test-retest reliability coefficient of .98 was reported for the coping strategy items. In terms of validity, correlations of between .16 and .22 ($p<.05$) were found between the various coping factors and teacher-rated problems and coping abilities.

For purposes of this study the Life Events portion of the LECI was not applicable. Therefore only the Coping Inventory portion of the LECI was utilized, consisting of the original instructions and the original 52 items and Likert-type response scale from 1 to 9. The instrument was entitled the Coping Inventory-Child's Form (CI-CF), and served as another tool to assess the coping responses of subjects in this study.

The Coping Inventory-Mother's Form (CI-MF)

The Coping Inventory portion of the LECI was further adapted in such a way that the mothers of the subjects in this study could rate their sons in terms of their coping responses to stress. The exact same instructions, items, and rating scale were maintained, except that the wording of instructions and items was altered from first person to third person (e.g. from "Talk to my parents" to "Talk to his parents"). This was not done in the original development of the LECI, so no reliability or validity data exist pertaining to this adaptation. The CI-MF was simply used as a comparison to the CI-CF, contrasting the perceptions of mothers and sons in terms of the sons' manner of coping with stress.

Clinical Interviews

As a supplement to the standardized testing, separate clinical interviews with both the child and mother were conducted to identify stressors impacting the child (particularly family stressors) and the manner in which the child would attempt to cope with those stressors.

In terms of the parent interview, certain standard questions asked of all mothers were interspersed in a generally free-flowing dialogue. Each mother was asked questions in the following areas: the circumstances leading up to her arrival at the shelter and of the manner in which her son in question reacted to these circumstances and to the transition to a new living environment; the quality of her son's relationships with both herself and his father/stepfather and the effects of these relationships on his psychological development; her son's general behavior, school performance, and peer relationships; and her most significant concerns and areas of desirable change in her son, as well as areas of strength in her son. Each mother was asked about the extent of the conflict between herself and her recently estranged spouse and the degree to which her son was exposed to and/or aware of this conflict. The mother was asked whether, within the past year, her son had reacted to parental conflict according to the criteria identified by Jenkins, Smith, and Graham (1989). Would the child intervene by sitting beside a parent, telling his parents to stop, distracting his parents, taking sides, crying, or actively encouraging his parents to make up afterwards? Would he seek contact with and/or confide in a sibling and/or friend, offer comfort to a parent after a conflict, frequently blame himself for the parental conflict, obtain information about the conflict from a parent, or perceive beneficial aspects of parental conflict? This line of questioning was intended to highlight specific coping strategies of this sample of children in response to parental conflict.

Standard questions asked in the child interviews centered on the reasons for the family coming to the shelter, the quality of the child's relationships with both parents, the general manner in which the child would react to parental conflict, the child's general feelings about home life, school, and peers, and perceived areas of desirable change and personal strengths. All boys were asked to identify situations in which they experience feelings of anger, sadness, and anxiety and to expound on ways in which they would manage these feelings; this line of questioning was intended to highlight coping reactions to ego-dystonic emotions. Appendix II contains a list of the specific questions asked during the course of the interviews of both mothers and boys.

Data Analysis

Quantitative Analysis

The following methods were utilized to quantitatively analyze the above data pertaining to each of the stated research questions.

Behavioral Adjustment:

1) Do boys of battered women manifest higher levels of behavioral maladjustment than boys in the general population?

Data from both the Child Behavior Checklist (CBC) and the Roberts Apperception Test for Children (RATC) were used to ascertain the behavioral adjustment level of this sample of boys of battered women (herein referred to as the target group). With the CBC, mean T-scores were obtained for each of the nine subscales as well as the Total Sum, Internalizing, and Externalizing dimensions. The T-scores provide an index of behavioral adjustment relative to the general population of same-aged boys utilized by the authors of the CBC (Achenbach & Edelbrock, 1983) in their standardization process.

T-scores were obtained for each of the five clinical scales of the RATC, allowing for a comparison to a "well-adjusted" group of children used by the authors in their standardization process. As raw score data were provided by the authors of the RATC of their well-adjusted norm group and of an obtained "clinical" group, t-tests were conducted comparing the clinical scale scores of the target group with the clinical scale scores of both the well-adjusted norm group and the clinical group. In this way, it was possible to determine whether the behavioral adjustment profiles of the target group were more similar to a well-adjusted population or a clinical (less poorly-adjusted) population.

2) Do physically abused boys of battered women show higher levels of behavioral maladjustment relative to boys of battered women who have not been physically abused?

Of the sample of 30 subjects, 15 were reported by their mothers and/or themselves to have been physically abused by their fathers on at least one occasion, while 15 were reportedly never subjected to such physical abuse. Utilizing 1-tailed t-tests (alpha=.05), the physically abused subjects were compared with the non-abused subjects on the twelve scales and subscales of the CBC to ascertain any differences in behavioral adjustment.

Coping Responses:

3) Do boys of battered women utilize less effective coping responses to stress than children in the general population?

Using 1-tailed t-tests (alpha=.05), target group scale scores of the Coping Inventory-Child's Form (CI-CF) were compared with the scale scores of the norm group obtained by the author of the LECI (Dise-Lewis, 1988) from the general population.

4) Do boys of battered women perceive themselves as utilizing different coping responses to stress relative to the perceptions of their mothers?

Using 2-tailed t-tests (alpha=.05), scale scores of the CI-CF were compared with scale scores of the Coping Inventory-Mother's Form (CI-MF) to ascertain whether or not differences existed between the perceptions of the subjects and their mothers in terms of the subjects' coping responses to stress.

5) Do boys of battered women demonstrate different adaptive resources in coping with interpersonal situations than children in the general population?

Mean T-scores of the target group were derived on each of the seven adaptive scales of the RATC as a way of comparing their adaptive resources in coping with those of the well-adjusted sample utilized by the authors of the RATC (McArthur & Roberts, 1982) to standardize the instrument.

6) Do boys of battered women who manifest worse behavioral adjustment utilize less effective coping responses relative to boys of battered women who manifest better behavioral adjustment?

Using 1-tailed t-tests (alpha=.05), those subjects (N=17) obtaining T-scores above 69 on the Total Sum dimension of the CBC were compared with those subjects (N=8) obtaining T-scores below 65 in terms of their scale scores on the CI-CF and CI-MF.

Clinical Interview Analysis

Shorthand notes were taken during each clinical interview and immediately transcribed on a word processor after the interview.

These data were analyzed in accordance with a coding scheme derived from Miles and Huberman (1984). Initially, a primary or *master* code identified segments of text specifically pertaining to the stressors impacting the subjects and the coping responses utilized by the subjects. The text of each interview was divided into these two major areas, as it was apparent from a perusal of the interviews that these were the two main areas of discussion. Secondary codes, more precisely referred to as *descriptive* codes, were then applied to ascertain specific, discrete stressors and coping responses. These codes involved no interpretation but simply the attribution of a class of phenomena to a segment of text. Any described stressor and any described response which was seemingly designed to facilitate the management of a stressor was considered in this category. Finally, the interviews of the boys were pooled as well as the interviews of the mothers; tertiary codes, otherwise known as *interpretive* codes, were implemented to ascertain broad categories of stressors and coping responses. Essentially, the descriptive codes were grouped in terms of similarity and given meaningful labels, derived through interpretation. In this way, themes of stressors and coping responses of the target group were identified, from the perspectives of the subjects themselves and their mothers.

Summary

The literature review outlined in Chapter 2 gave rise to several research questions pertaining to the behavioral adjustment and coping responses of boys of battered women. A study was developed to address these questions, involving 30 male subjects, aged 8 to 12, having recently arrived with their mothers at shelters for battered women. Quantitative data were obtained from both the boys and their mothers; the mothers completed the Child Behavior Checklist (CBC) and Coping Inventory-Mother's Form (CI-MF), while the boys completed the Roberts Apperception Test for Children (RATC) and Coping Inventory-Child's Form (CI-CF).

Arising from the empirical evidence pertaining to behavioral adjustment is the suggestion that boys of battered women show higher maladjustment than boys in the general population, and that boys of battered women who themselves have been physically abused show even greater maladjustment. From the less abundant research in the area of coping, it can be surmised that boys of battered women utilize more ineffective means of coping (e.g. avoidance, destructiveness) than children in the general population, particularly those who are more poorly-adjusted. There is no evidence to suggest that boys of battered women perceive their coping responses different from their mothers' perceptions of their coping responses.

The following hypotheses were tested:

Behavioral Adjustment:

HYPOTHESIS I: Boys of battered women will show significantly greater behavioral adjustment problems than children in the general population, as measured through the CBC and the clinical scales of the RATC.

HYPOTHESIS II: Physically abused boys of battered women will manifest significantly poorer behavioral adjustment than non-physically abused boys of battered women, as measured through the CBC and the clinical scales of the RATC.

Coping Responses:

HYPOTHESIS III: Boys of battered women will rate themselves higher on the Endurance and Distraction scales (avoidant coping approaches), higher on the Aggression and Self-Destruction scales (destructive coping approaches), and lower on the Stress-Recognition scale (active, effective coping approach) relative to children in the general population, as measured through the CI-CF.

HYPOTHESIS IV: There will be no significant differences in the self-ratings and mother-ratings of coping responses of boys of battered women, as measured through a comparison of the CI-CF and CI-MF.

HYPOTHESIS V: Boys of battered women will demonstrate significantly poorer adaptive resources in coping with interpersonal situations than children in the general population, as measured through the adaptive scales of the RATC.

HYPOTHESIS VI: The more poorly-adjusted boys of battered women (as identified through the CBC) will be rated on the CI-CF and CI-MF as higher on the Endurance and Distraction scales (avoidant coping approaches), higher on the Aggression and Self-Destruction scales (destructive coping approaches), and lower on the Stress-Recognition scale (active, effective coping approach) relative to the better-adjusted boys of battered women.

Virtually no differences were noted between girls and boys on the various scales of the RATC (McArthur & Roberts, 1982) and the CI-CF (Dise-Lewis, 1988) in the original construction of these scales.

This allows for a direct comparison of the boys in the present sample with the mixed-gender normative samples. Separate norms for boys and girls were established for the CBC (Achenbach & Edelbrock, 1983), thus facilitating a direct comparison of the boys in the present sample with the boys in the normative sample.

Separate clinical interviews of the boys and mothers were also conducted. Arising from these interviews was a host of information pertaining to the various stressors impacting the boys as well as supplemental data pertaining to their coping responses to these stressors. These data were analyzed using primary, secondary, and tertiary coding methods, leading to the identification of stressor and coping themes.

CHAPTER FOUR: RESULTS OF DATA ANALYSIS

This study made use of two major approaches to obtaining information about the behavioral adjustment of boys in conjugally violent homes and their coping responses to stress. One approach was quantitative, involving the administration of the Child Behavior Checklist (CBC) and the Coping Inventory-Mother's Form (CI-MF) to the mothers of the subjects, and of the Roberts Apperception Test for Children (RATC) and the Coping-Inventory-Child's Form (CI-CF) to the subjects themselves. The other approach was in the form of clinical interviews of both mothers and boys, focusing on the stressors impacting the boys and their various ways of coping with these stressors. The results of the quantitative data analysis will be presented followed by the results of the clinical interview data analysis.

Quantitative Data Analysis

Hypothesis Testing

Behavioral Adjustment

HYPOTHESIS I: Boys of battered women will show significantly greater behavioral adjustment problems than children in the general population, as measured through the CBC and the clinical scales of the RATC.

Hypothesis 1 is supported by data presented in Tables 2 to 6. To begin with, the Total Sum T-score on the CBC reflects the overall level of behavioral adjustment of a subject. As is indicated in Table 2, the mean Total Sum T-score of the boys sampled in this study (herein referred to as the "target group") was close to two standard deviations higher than what would be expected of the general population based on the randomly selected standardization sample of 1,442 subjects (Achenbach & Edelbrock, 1983). As is further indicated in Table 2, the mean Internalizing and Externalizing T-scores of the target group were greater than one-and-a-half standard deviations above the norm. Internalization reflects fearful, inhibited, overcontrolled behavior while externalization reflects aggressive, antisocial, undercontrolled behavior. Similarly, all of the mean T-Score estimates of the nine CBC subscales were at least one-and-a-half standard deviations above the norm, as indicated in Table 3. Therefore, these findings point to a significant behavioral disturbance in the target group.

TABLE 2 Means, Standard Deviations, and Percentiles of Total Sum, Internalizing, and Externalizing T-Scores on the Child Behavior Checklist (CBC)

CBC Scale	Mean*	Std. Dev.	Percentile
Total Sum	69.37	12.27	97.4
Internalizing	68.40	10.72	96.4
Externalizing	66.07	11.58	94.1

*Means given in T-scores

TABLE 3 Means, Standard Deviations, and Percentiles of Subscale Scores on the Child Behavior Checklist (CBC)

CBC Subscales	Mean Raw Score	Std. Dev. (Raw)	Mean T-Score Est.*	Percentile Est.*
Schizoid or Anxious	4.40	2.73	70	98
Depressed	12.27	6.95	69	97
Uncommunicative	6.47	2.96	74	99
Obsessive-Compulsive	8.63	5.40	68	96
Somatic Complaints	3.10	2.95	67	95
Social Withdrawal	5.00	3.20	69	97
Hyperactive	7.90	5.12	65	93
Aggressive	18.40	9.90	68	96
Delinquent	5.10	4.85	68	96

*T-Scores are estimates

Results of the RATC are presented in Tables 4 through 6. As is indicated in Table 4, the overall mean T-score of the five clinical scales of the RATC is one-and-a-half standard deviations above the expected value of the general population. Furthermore, as seen in Table 5, relative to a group of 200 non-clinical or "well-adjusted" children assessed by the authors of the RATC, the target group scores were significantly higher on four out of five clinical scales (aggression, depression, rejection, and unresolved). Finally, as seen in Table 6, relative to a clinical group of 200 children (referred to clinics for psychological treatment) assessed by these same authors, target group scores were significantly higher on two of the five scales (aggression and depression). As can be seen, the scores of the target group more closely approximate those of the clinical as opposed to well-adjusted group.

On the basis of these results, it is concluded that the target group manifests significantly greater behavioral adjustment problems than children in the general population.

TABLE 4 Mean T-Scores of Clinical Scales of the Roberts Apperception Test for Children (RATC)

RATC Scale	Mean Raw Score	Std. Dev.	Mean T-Score	Percentile Estimate
Anxiety	5.3	2.7	62.6	89
Aggression	7.6	3.1	64.2	92
Depression	4.4	2.7	64.7	93
Rejection	2.9	2.1	62.1	89
Unresolved	8.2	3.2	75.4	99
Total			65.8	92.4

TABLE 5 t Values of Target Group Means Versus Non-Clinical Group Means on Roberts Apperception Test for Children (RATC)

RATC Subscale	Target gp. mean	Std. Dev.	Non-clinical gp. mean**	Std. Dev.**	t value
Anxiety	5.3	2.7	4.7	1.9	1.31
Aggression	7.6	3.1	5.4	1.9	3.88*
Depression	4.4	2.7	1.9	1.4	5.02*
Rejection	2.9	2.1	1.6	1.5	3.51*
Unresolved	8.2	3.2	2.5	2.1	9.71*

*Significant at alpha=.01
**As reported by McArthur and Roberts (1982)

TABLE 6 t Values of Target Group Means Versus Clinical Group Means on the Roberts Apperception Test For Children (RATC)

RATC Subscale	Target gp. mean	Std. Dev.	Clinical gp. mean**	Std. Dev.**	t Value
Anxiety	5.3	2.7	4.3	2.1	2.13
Aggression	7.6	3.1	5.6	2.4	3.52*
Depression	4.4	2.7	2.2	1.8	4.42*
Rejection	2.9	2.1	2.0	1.9	2.45
Unresolved	8.2	3.2	8.1	3.5	0.11

*Significant at alpha=.01
**As reported by McArthur and Roberts (1982)

HYPOTHESIS II: Physically abused boys of battered women will manifest significantly poorer behavioral adjustment than non-physically abused boys of battered women, as measured through the CBC and the clinical scales of the RATC.

This hypothesis receives partial support. While there were no differences between these two groups on the clinical scales of the RATC, there were differences determined on the various scales and subscales of the CBC. As reported in Table 7, the boys in the target group who were reportedly physically abused by their fathers on at least one occasion (N=15) were rated by their mothers on the CBC as having significantly higher Total Sum, Internalizing, and Externalizing scores than the boys who were reportedly never physically abused by their fathers (N=15). Concurrently, the physically abused boys received higher scores on the Depressed, Uncommunicative, Obsessive-Compulsive, Social Withdrawal, Hyperactive, and Aggressive subscales of the Child Behavior Checklist. Therefore there is some evidence to support the hypothesis that physically abused boys of battered women are significantly more maladjusted than non-physically abused boys of battered women, at least from the perspectives of their mothers. These findings were not noted on a measure independent of the mothers' perceptions (the RATC).

TABLE 7 "Child Abused By Father" Group Versus "Child Not Abused By Father" Group on the Child Behavior Checklist (CBC)

CBC Subscale (raw score)	"Abused" group mean	Std. Dev.	"Not abused" group mean	Std. Dev.	t value
Anxious	5.27	2.71	3.53	2.56	1.80
Depressed	15.40	5.84	9.13	6.70	2.73*
Uncommun.	7.8	2.70	5.13	2.64	2.73*
Obs.-Comp.	11.07	4.98	6.20	4.78	2.73*
Somatic Comp.	3.80	3.01	2.40	2.82	1.32
Withdrawal	6.53	2.67	3.47	3.00	2.96
Hyperactive	10.20	5.23	5.60	3.94	2.72*
Aggressive	22.33	10.36	14.47	7.84	2.35*
Delinquent	6.60	5.76	3.60	3.27	1.76
Scale (T score)					
Total Sum	74.87	9.99	63.87	12.13	2.71*
Internalizing	73.40	6.89	63.4	11.72	2.85*
Externalizing	70.80	11.19	61.33	10.22	2.42*

*Significant at alpha=.05, df=28 (N=15,15)

Coping Responses

HYPOTHESIS III: Boys of battered women will rate themselves higher on the Endurance and Distraction scales (avoidant coping approaches), higher on the Aggression and Self-Destruction scales (destructive coping approaches), and lower on the Stress-Recognition scale (active, effective coping approach) relative to children in the general population, as measured through the CI-CF.

This hypothesis is partially supported by the findings outlined in Table 8. Using the CI-CF, the target group was found to have a significantly higher mean score on the Endurance scale relative to the 502 children on which the test was normed (Dise-Lewis, 1988), and a significantly lower mean score on the Stress Recognition scale. Therefore, there is some evidence that boys of battered women utilize more avoidant (and hence ineffective) coping responses to stress than children in the general population who in turn utilize more active (and hence effective) coping responses. There is no evidence to support the hypothesis that boys of battered women utilize more destructive means of coping than children in the general population, at least on the basis of their self-perceptions as measured through the CI-CF.

TABLE 8 t Values of Scale Scores of Target Group Versus Normative Group on the Coping Inventory - Child's Form (CI-CF)

CI-CF Scale	Target gp. mean	Std. Dev.	Norm gp. mean**	Std. Dev.**	t value
Aggression	2.1	1.5	2.2	1.2	-0.37
Stress Recognition	4.8	1.5	5.6	1.7	-2.72*
Distraction	5.9	1.5	6.2	1.6	-1.19
Self-Destruction	1.6	0.7	1.6	0.8	-0.17
Endurance	6.1	1.3	4.7	1.0	5.73*

*Significant at alpha=.05
**As reported by Dise-Lewis (1988)

HYPOTHESIS IV: There will be no significant differences in the self-ratings and mother-ratings of coping responses of boys of battered women, as measured through a comparison of the CI-CF and CI-MF.

This hypothesis is not supported by the findings outlined in Table 9. On their respective child and parent versions of the Coping Inventory, mothers of the target group boys rated these boys as significantly higher on the Aggression and Self-Destruction scales than the boys' self-ratings, and significantly lower on the Distraction scale than the boys' self-ratings. Hence, the mothers perceive the boys as using significantly more aggressive and self-destructive coping responses, and significantly fewer distractive coping responses, than the boys perceive of themselves.

TABLE 9 t Values of Scale Scores of Coping Inventory - Child's Form (CI-CF) Versus Coping Inventory - Mother's Form (CI-MF)

CI Scale	CI-CF mean	Std. Dev.	CI-MF mean	Std. Dev.	t value
Aggression	2.1	1.5	4.6	2.4	-5.57*
Stress Recognition	4.8	1.5	4.5	1.1	1.26
Distraction	5.9	1.5	4.9	1.4	2.85*
Self-Destruction	1.6	0.7	2.3	0.9	-4.62*
Endurance	6.1	1.3	5.6	1.3	1.69

*Significant at alpha=.05

HYPOTHESIS V: Boys of battered women will demonstrate significantly poorer adaptive resources in coping with interpersonal situations than children in the general population, as measured through the adaptive scales of the RATC.

This hypothesis is given support by the findings on the RATC adaptive scales outlined in Tables 10 through 12. As is indicated in Table 10, the mean T-score (43.1) of the seven adaptive scales is close to one standard deviation below the expected mean value of the general population. Two of the subscale scores (Support-Other and Resolution-2) are less than one standard deviation below the expected mean value of the general population. Only one of the scale scores (Limit-Setting) is higher than the expected mean value of the general population. As seen in Table 11, the target group obtained significantly lower scores on six of the seven adaptive scales relative to the normative group of 200 non-clinical children assessed by the authors of the RATC. As seen in Table 12, only two of the seven adaptive scale scores of the target group differed significantly from those of the 200 clinic children assessed by these same authors. Therefore it can be concluded that this sample of boys of battered women demonstrate significantly poorer adaptive resources in coping with interpersonal situations.

TABLE 10 Mean T-Scores of the Adaptive Scales of the Roberts Apperception Test For Children (RATC)

RATC Scale	Mean Raw Score	Std. Dev.	Mean T-Score	Percentile Estimate
Reliance	1.7	1.2	41.9	22
Support-Other	2.3	1.7	31.3	3
Support-Child	1.1	1.2	47.3	41
Limit-Setting	3.2	2.3	56.8	75
Problem I.D.	5.2	2.4	41.5	21
Resolution-1	1.5	1.2	44.6	30
Resolution-2	2.8	2.0	38.5	12
Total			43.1	25

TABLE 11 t Values of Adaptive Scale Scores of Target Group Versus Non-Clinical Group on the Roberts Apperception Test For Children (RATC)

RATC Scale	Target gp. mean	Std. Dev.	Non-clinical gp. mean**	Std. Dev.	t value
Reliance	1.7	1.2	3.2	1.7	-6.77*
Support-Other	2.3	1.7	6.2	2.2	-12.24*
Support-Child	1.1	1.2	2.2	1.5	-4.89*
Limit Setting	3.2	2.3	2.5	1.4	1.70
Problem I.D.	5.2	2.4	7.6	3.0	-5.50*
Resolution-1	1.5	1.2	3.2	2.4	-7.94*
Resolution-2	2.8	2.0	6.8	3.6	-11.08*

*Significant at alpha=.01
**As reported by McArthur and Roberts (1982)

TABLE 12 t Values of Adaptive Scale Scores of Target Group Versus Clinical Group on the Roberts Apperception Test For Children (RATC)

RATC Scale	Target gp. mean	Std. Dev.	Clinical gp. mean**	Std. Dev.	t value
Reliance	1.7	1.2	1.6	1.5	.29
Support-Other	2.3	1.7	3.9	2.2	-5.02*
Support-Child	1.1	1.2	1.0	1.1	.61
Limit Setting	3.2	2.3	1.6	1.6	3.90*
Problem I.D.	5.2	2.4	5.8	3.2	-1.43
Resolution-1	1.5	1.2	1.6	1.7	-.61
Resolution-2	2.8	2.0	2.0	2.5	2.11

*Significant at alpha=.01

**As reported by McArthur and Roberts (1982)

HYPOTHESIS VI: The more poorly-adjusted boys of battered women (as identified through the CBC) will be rated on the CI-CF and CI-MF as higher on the Endurance and Distraction scales (avoidant coping approaches), higher on the Aggression and Self-Destruction scales (destructive coping approaches), and lower on the Stress-Recognition scale (active, effective coping approach) relative to the better-adjusted boys of battered women.

This hypothesis gains support through the findings of the CI-MF, but not the CI-CF. The hypothesis was tested by separating those subjects obtaining T scores on the Child Behavior Checklist above 69 (more poorly-adjusted) with those obtaining T scores below 65 (better-adjusted) on the Total Sum dimension. Comparisons between these two groups were made on each of the five subscales of the Coping Inventory, both the Child's and Mother's Forms.

Hypothesis VI is partially supported by the findings outlined in Table 13. On the basis of the CI-MF, it was determined that the more poorly-adjusted subjects scored significantly higher on the Aggression and Self-destruction scales (reflecting destructiveness) as well as the Distraction and Endurance scales (reflecting avoidance) relative to the better-adjusted subjects. No significant differences were found on the Stress Recognition scale of the CI-MF, nor on any of the five scales of the CI-CF. Therefore, it is evident that from the mothers' perspectives, the more poorly-adjusted boys cope with stress in more destructive and avoidant ways than the better-adjusted boys. However, this is not reflected in the self-perceptions of the boys.

TABLE 13 t Values of Coping Inventory Scales Comparing Higher Versus Lower Scoring Groups From "Total Sum" Dimension of Child Behavior Checklist

Coping Inventory Scale	Higher** "Total Sum" Mean	Std. Dev.	Lower** "Total Sum" Mean	Std. Dev.	t value
Child's Form					
Aggression	2.09	1.84	2.33	0.97	-0.85
Stress Recognition	4.96	1.82	4.35	1.13	0.87
Distraction	6.08	1.61	5.51	1.00	0.92
Self-Destruction	1.62	0.73	1.39	0.54	0.81
Endurance	6.28	1.50	6.10	0.89	0.31
Mother's Form					
Aggression	5.36	2.37	3.25	2.33	2.10*
Stress Recognition	4.72	1.11	3.94	0.78	1.80
Distraction	5.35	1.15	4.01	1.94	2.18*
Self-Destruction	2.54	0.68	1.66	0.63	3.10*
Endurance	5.99	0.92	4.60	1.74	2.64*

*Significant at alpha=.05, df=23 (N=17,8)
**Higher group delineated by a T score of over 69, Lower group of under 65 on "Total Sum" dimension of Child Behavior Checklist

Subsidiary Findings

Incidental Data

A host of incidental data was gathered and analyzed in accordance with the instrumental findings. These incidental data were comprised of the following factors: age group, racial origin, paternal relationship, birth order, socio-economic status, and whether or not the mother had been physically abused. Specifically, in the "age group" factor, the 8 to 9-year-old subjects (N=16) were compared with the 10 to 12-year-old subjects (N=14). In the "racial origin" factor, the Caucasian subjects (N=20) were compared to the native Indian/Metis subjects (N=9). In the "paternal relationship" factor, the subjects who were most recently separated from their natural fathers (N=17) were compared to the subjects who were most recently separated from their stepfathers (N=13). In the "birth order" factor, firstborn subjects (N=16) were compared to subjects who were secondborn or later (N=14). In the "socio-economic status" factor, subjects whose annual family incomes ranged between $10,000 to $20,000 (N=13) were compared to subjects whose annual family incomes exceeded $20,000 (N=17). In the "mother abuse" factor, subjects whose mothers were reportedly physically abused by their fathers on at least one occasion (N=22) were compared with subjects whose mothers were reportedly never physically abused by their fathers (N=8).

T-tests were conducted, comparing the two groups within each factor in terms of their scores on the various scales and subscales of the Child Behavior Checklist and both forms of the Coping Inventory.

Appendix I contains a table of the various *t* values from this analysis.

Of note were the findings (see Appendix III, Table 17) that the boys from lower income families received higher ratings on the Social Withdrawal and Aggressive subscales of the Child Behavior Checklist relative to the boys from higher income families. In general, a trend was noted that boys from lower income families were rated on the CBC as more poorly adjusted than boys from higher income families, although the only significant results were found on these two subscales.

Also of note are the significant findings (see Appendix III, Table 18) on the Distraction scale of the Coping Inventory. On the Mother's Form, older subjects (aged 10-12) and subjects whose paternal relationships were with their stepfathers received significantly higher scores on the Distraction scale relative to younger subjects (aged 8-9) and subjects whose paternal relationship was with their natural fathers. Furthermore, on the Child's Form, native Indian subjects rated themselves as significantly higher on the Distraction scale than Caucasian subjects. It is important to note that the native Indian subjects and the Caucasian subjects did not significantly differ on any other scale or subscale, suggesting that in this study ethnicity is not a compounding factor in the identification of characteristics of boys of battered women.

It was also found on the "age group" factor (see Appendix III, Table 17) that the mean scores of the older subjects (aged 10-12) were higher (but not significantly) on all of the scales and subscales of the Child Behavior Checklist relative to the mean scores of the younger subjects (aged 8-9). This points to the possibility that adjustment problems increase with age in boys of battered women.

Coping With Parental Quarrels

Jenkins et al. (1989) examined the reactions of children to parental quarrels in a general population sample of 85 subjects between 9 and 12 years old. Interviews of mothers and children were conducted to determine the reactions of the children to specific episodes of parental quarrelling. They reported the following strategies to be most prevalent:

1. Modes of interventions during parental quarrels:
    a. Going to sit beside a parent
    b. Telling the parents to stop
    c. Distracting the parents
    d. Taking sides
    e. Making other comments about the quarrels
    f. Crying
    g. Actively encouraging parents to make up afterwards
2. Seeking contact with a sibling
3. Confiding in siblings
4. Confiding in friends
5. Offering comfort to parents after a quarrel
6. Frequently blaming themselves for parental quarrelling
7. Obtaining information about quarrel from parents
8. Perceiving beneficial aspects of parental quarrels

Percentages using strategies. Jenkins et al. (1989) obtained percentages of children who were reported by their mothers to have utilized particular coping strategies in response to parental quarrels over the previous year. In the same way, each mother in the present study was asked if, over the past year, her son in question had utilized any of these specific strategies in reaction to parental quarreling or conflict. The percentages of subjects from the target group who responded with these strategies are presented in Table 14 and compared to the results obtained in the original sample of Jenkins et al. (1989).

TABLE 14 Comparison of Percentages of Children Reported to Utilize Particular Coping Strategies in Response to Parental Quarrels

Strategy	Original Sample* %age (N=85)	Target Group %age (N=30)	Percent Difference
Going to sit beside a parent	24	30	6
Telling the parents to stop	40	30	-10
Distracting the parents	15	17	2
Taking sides	15	40	25
Making other comments about the quarrels	10	40	30
Crying	32	57	25
Encouraging parents to make up afterwards	40	37	-3
Seeking contact with a sibling	59	80	21
Confiding in siblings	40	60	20
Confiding in friends	18	23	5
Offering comfort to parents after a quarrel	62	87	25
Blaming themselves for parental quarrelling	24	57	33
Obtaining information from parents	41	53	12
Perceiving benefits of parental quarrels	41	27	-14

*From Jenkins et al. (1989)

As is indicated in Table 14, the most common identified response of the target subjects was to offer comfort to a parent (in every case the mother) after a parental conflict. Eighty-seven percent of the sample of boys of battered women reportedly offered comfort to their mothers after a parental conflict, compared to 62 percent in the original sample. The second most common response of the target subjects was to seek contact with a sibling, as four-fifths of these subjects reportedly reacted in this manner. Compared to the original sample, at least twenty-five percent more of the target subjects were reported to respond to parental quarrels by taking sides (typically the mother's), making comments about the quarrelling, crying, and blaming themselves for the quarrelling.

Coping with parental quarrels and behavioral adjustment. In the present study an analysis was conducted into the relationship between behavioral adjustment and the utilization of particular coping strategies in response to parental quarrels over the past year. Subjects who were reported to have utilized a given strategy were distinguished from subjects who were reported to have not utilized that strategy, and compared on the various measures of the Child Behavior Checklist. Significant findings, as reported in Tables 15 and 16, emerged on two of the fourteen strategies, namely "blaming oneself for parental quarreling", and "obtaining information from parents about the quarrel". Subjects who were reported to have blamed themselves for parental quarreling (N=17) were rated as significantly more anxious, depressed, obsessive-compulsive, socially withdrawn, hyperactive, and aggressive on the CBC than subjects who were reported to have never blamed themselves for parental quarreling (N=13). Correspondingly, self-blamers obtained significantly higher sum total, internalizing, and externalizing scores on the CBC. Subjects who sought to obtain information about the parental quarreling (N=16) were rated as significantly more anxious, depressed, obsessive-compulsive, somatic, socially withdrawn, and hyperactive than subjects who never sought to obtain information about the parental quarreling (N=14). Correspondingly, information-seekers obtained significantly higher sum total and internalizing scores. Hence, it is apparent from these findings that of the 14 coping responses identified by Jenkins et al. (1989) in response to parental quarreling, only two are significantly related to the behavioral adjustment of the boys of battered women included in this study, namely self-blame and information-seeking. The *t* values of all the comparisons are listed in Appendix I.

TABLE 15 "Self-Blamers" Versus "Non-Self-Blamers" (in response to parental quarreling) on the Child Behavior Checklist (CBC)

CBC Subscale (raw score)	"Self-blamers" group mean	Std. Dev.	"Non-self -blamers" group mean	Std. Dev.	t value
Anxious	5.71	2.66	2.69	1.75	3.53*
Depressed	15.06	6.12	8.62	6.42	2.80*
Uncommun.	6.88	2.98	5.92	2.96	0.88
Obs.-comp.	11.29	4.51	5.15	4.49	3.70*
Somatic Comp.	3.47	2.81	2.62	3.18	0.78
Withdrawal	6.29	3.00	3.31	2.69	2.83*
Hyperactive	10.24	4.82	4.85	3.81	3.32*
Aggressive	21.77	9.60	14.00	8.69	2.29*
Delinquent	6.59	5.32	3.15	3.44	2.02
Scale (T-score)					
Total Sum	75.00	8.46	62.00	12.82	3.34*
Internalizing	73.18	6.72	62.15	11.96	3.21*
Externalizing	71.00	9.05	59.62	11.62	3.02*

*Significant at alpha=.05, 28 df (N=17,13)

TABLE 16 "Information-Seekers" Versus "Non-Information-Seekers" (in response to parental quarreling) on the Child Behavior Checklist (CBC)

CBC Subscale (raw score)	"Info-seekers" group mean	Std. Dev.	"Non-info -seekers" group mean	Std. Dev.	t value
Anxious	5.44	2.80	3.21	2.19	2.39*
Depressed	15.19	5.73	8.93	6.88	2.72*
Uncommun.	7.19	2.46	5.64	3.34	1.46
Obs.-comp.	11.25	4.42	5.64	4.94	3.28*
Somatic comp.	4.13	2.78	1.93	2.79	2.16*
Withdrawal	6.31	2.60	3.50	3.23	2.64*
Hyperactive	9.81	4.82	5.71	4.68	2.36*
Aggressive	20.44	8.12	16.07	11.41	1.22
Delinquent	5.56	4.26	4.57	5.56	0.55
Scale (T-score)					
Total Sum	74.63	7.50	63.36	14.06	2.79*
Internalizing	73.44	6.34	62.64	11.97	3.14*
Externalizing	69.81	8.12	61.79	13.63	1.99

*Significant at alpha=.05, 28 df (N=16,14)

Clinical Interview Data Analysis

In this section, findings from the clinical interviews will be described. The thirty interviews of the boys and thirty interviews of their mothers were analyzed for thematic content which pertained to "coping statements", or references to methods of coping utilized by the sample of boys in response to familial stress. As the interviews were perused, two major areas of stress came to light, namely stressors presented by the boy's father and by the parental relationship. The interview content was then separated into these two major areas, and specific themes were subsequently identified within the two separate areas. While a few themes were specific to the data provided by either the boys or the mothers, more commonly the themes converged for the two. The major themes will be outlined in this section. The generic terms "father", "son", and "sibling" will be utilized to also encompass stepfathers, stepsons, step-siblings, and half-siblings.

Coping with Fathers

Stressors Presented by Fathers

As the father-son relationships were examined, certain "father-stressors" became evident. These general stressors can be described as physical and emotional abuse towards the sons, alcohol abuse, and lack of father-son involvement.

A common theme arising from the interviews of both mothers and boys (herein referred to as the "dual interviews") was the fathers' physical abuse towards the sons. Such abuse was reported in various forms, exceeding what would be expected of standard disciplinary measures. These behaviors included slapping and hitting various body parts such as hands, faces, and backs, shoving the child into stationary objects such as walls and appliances, banging the child's head against the wall, throwing the child, kicking the child's genitals, pulling hard on the child's arm, and pinching the child's ear. The boys in particular reported that they at times incurred bruising and an assortment of mild injuries as a result of the abuse, and that they were often uncertain as to why they were receiving this punishment. They would often feel wrongly accused, at times a victim of the father's favouritism of another sibling or simply a convenient scapegoat toward which the father would unleash his inner rage and frustration. Some fathers would hold these boys responsible for their own personal problems.

Emotional abuse was even a more common theme in the dual interviews, as there were numerous reports of incidents of such abuse directed toward the boys. Some of the boys were reportedly doted upon by their fathers as toddlers but ignored and/or rejected once past the toddler stage. There were several reports of boys experiencing peer difficulties as a result of their fathers' direct or indirect discouragement of visits from their sons' friends. There were numerous reports, particularly from mothers, in which the boys were often put-down and criticized by the fathers, especially pertaining to their intelligence, capabilities, and appearance. There were many reports of boys receiving verbal abuse from their fathers, often replete with derogatory swearing and name-calling. Often the fathers were verbally and physically intimidating towards the boys. There were two reports in which the fathers threatened the boys with their lives if they did not comply with demands. Several mothers utilized the word "controlling" to describe the methods utilized by their husbands as a way of obtaining compliance from the boys - often the mothers disagreed with these measures but were powerless to intervene themselves. There were some reports in which the boys were used by their fathers for ulterior gain, such as spending the child's money, expecting the child to keep tabs on his mother, and fraternizing with the child simply for the purpose of reconciling with the mother. The most extreme form of abuse was a case in which the father sexually abused the boy for an extended time period.

A very common theme was the father's excessive use of alcohol. Some mothers reported that the use of alcohol actually facilitated their husbands' willingness or ability to interact positively with their sons. A more common complaint was that alcohol usage enhanced the possibility of maltreatment of the child. Another commonly reported result of the fathers' alcohol abuse was extended absenteeism from the home, in some cases up to several days at a time while on a “binge”. There were many reports by both mothers and boys of financial neglect, primarily as a result of alcohol abuse. Some mothers experienced periods of time in which they struggled to obtain the basic necessities of living, while other families were unable to afford any "extras" due to the fathers' squandering of money.

One of the most common themes was the lack of interaction and involvement of the fathers with their sons. There were some reports from both mothers and boys that the fathers would seldom or never engage in any activities with their sons. The most common complaint from the mothers was that their husbands would pay little, if any, attention to their sons even when together at home. Hence, in many cases there was reportedly minimal physical activity and verbal interaction between fathers and sons.

Coping Responses to Father-Stressors

Display of emotional unrest. Throughout the dual interviews, many references were made to the boys' experience and expression of emotional unrest in response to the father-stressors.

One prominent emotion was that of fear. The mothers in particular provided numerous accounts of their sons' fear responses to their fathers. In fact, there were several reports of boys experiencing persistent and ongoing fear of their fathers. Much of the fear was in reaction to their fathers' intimidating presence and unpredictable nature. Some boys frequently manifested their fear in the form of tears, others by verbalizing worrisome thoughts about possible consequences of their fathers' dysfunctional behaviors, and yet others by expressing a sense of helplessness in relation to their father. Another prominent emotion was that of sadness. The boys in particular indicated that they often experienced sadness in response to the various father-stressors. Often their sadness resulted from strong feelings of rejection from their fathers. Several boys verbalized an uncertainty about how their fathers felt about them, generally opting to believe that their fathers did not care too much for them. Some mothers perceived their sons as feeling justifiably confused about their fathers' feelings for them, and about their own feelings for their fathers.

Vent frustration in relation to father. The most prominently experienced negative emotion of the boys while living with their fathers was reportedly that of anger. There were many examples in the dual interviews of experiences in which the boys felt intense anger and frustration towards their fathers. Some would choose to directly express this anger to their fathers, often resulting in their own verbal tirades toward their fathers, which might consist of name-calling, swearing, and/or statements of hatred. Reportedly, some boys would put forth efforts to assertively express their anger to their fathers, making it known how they felt in response to certain father-son interactions. However, allegedly the fathers were typically unreceptive to such healthy expressions of anger. Most often, the boys were too intimidated to directly express their anger to their fathers, instead choosing to ventilate it in other directions, often through some form of verbal expression to their mothers; some would demonstrate blatant rejection of their fathers by denouncing their fatherhood, or by appealing to the mothers to expel the fathers from the home, or even by threatening to kill their fathers.

Project frustration to sibling. A number of mothers reported observations of their boys expressing anger for their fathers in indirect ways, particularly towards siblings in a destructive manner. When frustrated by their fathers in some way, these boys would often turn to their siblings and display physical aggression, put-downs, name-calling, incessant teasing, and general provocations. From the mothers' perspectives, these behaviors served to relieve some tension within the boys, albeit creating more external problems. Of note was the fact that most of the victimized siblings were younger sisters, suggesting that a process of modeling was occuring. In fact, many mothers expressed substantial concerns about the tendencies of their sons to model themselves after their fathers.

Modeling the father's behaviors. A majority of the mothers voiced concerns that their sons were adopting behavioral patterns similar to their fathers as a result of their extensive exposure to these patterns. Several were concerned about the treatment they received from their sons, which was similar to the kind of treatment they received from their husbands, including unruly criticisms, course language, defiance, unreasonable demands, manipulation, and even physical aggression. Some were concerned about general behaviors demonstrated by their sons including temper outbursts, destructiveness, blaming, uncivilized manners, and dishonesty.

Emotional repression. Many mothers expressed concerns that, similar to their fathers, their sons tended to repress their negative feelings until they would explode in anger. In some cases the boys would rarely demonstrate any emotions other than anger and would rarely express any thoughts or opinions. Some mothers described a more specific kind of repression in which their sons would refuse to openly express their thoughts or feelings of their fathers, despite significant prompting to do so. In some cases, normally outgoing boys would simply refuse to talk to their mothers, or anyone, about difficulties they were experiencing with their fathers. In the interviews certain boys indicated that when at home they would prefer to keep their feelings and thoughts to themselves for fear of reprisal from their fathers. Other "escaping" behaviors were evident. Some boys established a pattern of avoidance in relation to their fathers, where they would take measures to ensure that their interactions with their fathers were as limited as possible. A number of boys would react to their fathers' anger towards them by physical withdrawal, retreating to an isolated room or going outside; they would return only when the stress had dissipated (in some cases waiting until the father had left).

Awareness of reality. It was apparent that underlying the boys' aforementioned "escaping" behaviors was a realistic sense of their fathers' capacity to be hurtful. Through the dual interviews, it became evident that a substantial number of boys were clearly aware of their fathers' dysfunctions. These boys had become very attuned to the nuances of their fathers' behaviors and in some cases had concluded that their father's problems were quite substantial. Some mothers reported that their boys had expressed to them some very realistic perceptions of their fathers, including perceptions that he did not care about them, was unreasonably demanding, was hypersensitive to criticism, was inappropriate with a sibling, was dangerous to the family, and the like. These mothers expressed pleasure in what they saw as their sons' realistic perceptions of their fathers. In the interviews, the boys themselves provided numerous examples of their awareness of their fathers' incompetence in meeting their needs, particularly owing to the physical abuse and emotional neglect levied by their fathers. Likely as a consequence of this, a number of boys expressed a strong desire to remain separated from their fathers. A number of boys noted that they had experienced more happiness since the separation despite relinquishing friends, belongings, and things familiar to them. They verbalized that they were happy to leave behind the stress created by their fathers. A few stated that they never wanted to see their father again (most of them stepfathers). Several mothers expressed relief that their sons were adjusting to the separation better than expected; some indicated that their sons had been quite intrigued by the sense of peace accompanying the separation.

Seek closeness with father. In the dual interviews, it was apparent that a number of boys actively sought contact with their fathers when living with them and continued to express a need for contact post-separation. In certain cases, the boys were very hopeful or wishful that their parents would re-unite despite the turbulence in the home prior to the separation. Positive feelings for the fathers were still prevalent in these situations. Some boys in the interviews made a concerted effort to primarily focus on the positive aspects of their fathers, at times to the point of possible denial; for example, a few boys suggested that their fathers' abusiveness would quite likely disappear if they were to return to him. Several mothers indicated that their boys tended to overlook the deficiencies in their fathers for the sake of maintaining unity or contact with him. In certain cases, the mothers expressed concerns that their boys would at times willingly assume responsibility for their fathers' emotional neglect and physical abuse. There were some examples of boys ignoring their own needs in their relationships with their fathers so as to focus their efforts on pleasing their fathers. These tendencies appeared driven by a sense of obligation, fear, or simply a desire to make things as good as possible for their fathers.

Coping with the Parental Relationship

Stressors of the Parental Relationship

The dual interviews produced a host of information highlighting the parental relationship as a primary source of stress to the boys. The word "tension" was frequently utilized as a way of describing the family atmosphere. Some mothers expressed significant concerns about the effects of this tension on their sons. Many mothers reported that they would try as much as possible to shield their sons from the parental conflict; reportedly, such efforts were less often made by their husbands and consequently their sons were frequently subjected to the parental feuds and tension. Many mothers and sons reported that the sons had witnessed at least one, several, or many physical confrontations between their parents, often resulting in their mothers being beaten. Some boys in the interviews expressed a sense of distress about these incidents, but appeared equally distressed about their exposure to arguments between parents, which generally occurred far more frequently than physical fights. While some boys expressed perceptions that their mothers had played a role in provoking or at least prolonging the arguments, most held their fathers primarily responsible for the arguments. A number of boys indicated that in general they were exposed to the ongoing poor treatment of their mothers by their fathers.

A majority of mothers described situations of emotional abuse, generally expressing more distress about this form of abuse than physical abuse. Within the spectrum of emotional abuse, the most significant concerns centered on the excessively controlling nature of the husbands in the marital relationship. There were many reports of husbands restricting the social and work lives of the mothers, their access to money, their emotional expressions, and general decision-making. There were several reports of very possessive and jealous husbands, and of husbands who generally held themselves unaccountable in areas such as leisure activities and financial expenditures. Many husbands reportedly made frequent demands on their wives to meet their needs in such areas as food and sex. Their primary mode of control was through verbal and physical intimidation, involving such behaviors as pointing firearms, ripping clothing, banging fists, vicious name-calling, and verbally threatening the mother's life. Many mothers reported that when they had previously left their husbands they would remain under their husbands' control as these men would relentlessly stalk them until successful. Many mothers reported that they were enticed back into the relationship or into maintaining the relationship by solemn promises from their husbands to change; the promise would be kept for a short duration of time, but generally old patterns would re-surface. What resulted in a number of cases were multiple separations, although in a good portion of these cases, the mothers asserted that they would never return to their husbands as they were now feeling differently than ever before.

A major area of reported conflict that mothers encountered with their husbands was in the area of child management. Several mothers reported that their husbands felt they were too lenient with the boys, while the mothers themselves felt that their husbands were too harsh in their attempts to discipline their sons. Many of these conflicts would occur in front of the boys themselves.

Some mothers acknowledged that for an extended period of time they had been emotionally overwrought as a result of the ongoing tension at home. Some had reached the point of depression and physical exhaustion or of drinking to excess, and in retrospect indicated that they were finding it difficult to meet the needs of their sons as a result. In fact, several mothers felt that they had reached a point of ineffectiveness as a parent in certain areas, finding it difficult to tend to the emotional and recreational needs of their boys, their needs for consistent discipline, and their needs to learn how to assume more responsibility for themselves at home. Some mothers acknowledged that they found themselves projecting their anger from their marital relationship toward their boys, through excessive yelling, badgering, and in one case excessive physical punishment. A number of mothers had at one point placed their boys in the care of either relatives or government authorities, as they were too overwhelmed with the stress in their own lives to even marginally meet the needs of their children. For the most part, the mothers projected an image of themselves as coping effectively with their children despite the turmoil at home. The boys themselves generally spoke quite positively of their mothers, pointing to their fathers and the marital relationship as the foremost stressors in their lives.

Coping Responses to Parental Relationship Stressors

In the interviews it became apparent that the boys dealt with the stressors presented to them by the parental relaionship in a variety of ways. What is suggested in the various methods is that the boys were generally well aware of the tension and conflict between their parents and found their own active ways of dealing with this tension and conflict. These methods will now be outlined.

Physical withdrawal. In the interviews of both the mothers and son, the most commonly reported response of the boys to parental conflict, whether verbal or physical, was that of physical withdrawal. The most commonly reported place of withdrawal was the boy's bedroom. The most commonly reported activities while in their bedrooms were playing, listening to music, or simply lying on the bed. There were a number of reports of boys who would regularly depart the house during a parental quarrel to seek out friends or relatives, go to a store, go for a walk or a bike ride, or simply play by themselves. It was commonly reported that the boys would attempt to ensure that the feuding was terminated before returning home; therefore, their stays away from home were often quite extended. Numerous boys reported that they would do whatever possible to distract themselves from the parental conflict, as invariably they would feel distress and concern when their parents started feuding. Consequently, they would not be inclined to remain in the presence of their parents. Some of the most distressing experiences occured late at night when the boys were in bed, supposedly asleep. Several boys reported experiences of being awakened by the noise of their parents' conflict, whether verbal or physical. For the most part, their only option was to remain in bed so as to avoid any involvement with their parents, and to simply wait out the conflict before being able to return to sleep. In line with the notion of remaining uninvolved, there were a number of accounts of boys utilizing repression, avoiding opportunities to express their feelings about the parental conflict either directly to the parents or to anyone else. There was some evidence of boys utilizing outright denial as a way of dealing with parental conflicts, either denying that the conflict took place (when in fact it did), or more commonly that the conflict had a deleterious effect on any of the people involved, particularly the boys themselves.

Expression of emotional upset. While repression may have been a characteristic way of responding for some boys, there were numerous descriptions of boys communicating their feelings about the parental conflict. Perhaps the most primary feeling was worry, as a number of boys indicated that they would often experience troubling thoughts about their father abusing their mother. Certain symptoms such as nightmares and nosebleeds were reported by the mothers as signs of distress and worry in their sons. Some mothers indicated that they were aware that their sons were afraid to intervene in the parental conflicts as a result of the possible repercussions from their fathers. A number of boys indicated that they would often experience feelings of sadness as a result of parental conflicts, often propelled by the thought that their parents could break up. There were several reports of boys being preoccupied in school about the problems at home, seemingly unable to focus on their work due to their troubling thoughts. A common response was vigilance to possible conflict between parents and, when a conflict would break out, to maintain a vigilance to the possibility of a physical confrontation.

Active coping responses during parental conflict. In some cases the boys did not resort to immediate physical withdrawal upon a conflictual outburst between parents. There were a number of accounts in which the boys would remain close to their parents throughout an entire feud, most often sitting next to their mothers, sometimes touching them. In some instances the boys would blatantly side with their mothers, sometimes making comments in defense of their mothers but most often relying on their non-verbal communications to express their support. A periodic response for some boys would be to tell their parents to stop fighting, chiding the parents for fighting so often, or pleading for the sake of creating peace. In one case, the boy would plead with his father to hit him instead of his mother. Some boys would find ways to attempt to distract their parents from quarreling, such as turning up the stereo, inviting the father to engage in an activity, asking for food, and showing visible signs of distress. There were numerous reports of boys responding to parental conflicts by crying; at times the mothers would perceive the crying as a way of distracting the parents, but for the most part the crying was seen as a genuine response to the tension. A very commonly reported response was for the boys to seek contact with their siblings, typically in a place removed from the scene of conflict. In general, the boys would seek to protect their younger siblings, or seek protection from their older siblings.

Active coping responses after parental conflict. There were some reports of boys actively encouraging their parents to make up after a quarrel. This was at times attempted in an indirect fashion, such as suggesting to the mother to make tea or coffee for her husband, while at other times in an obvious manner such as physically forcing the parents to hold hands. A very commonly reported response was for boys to offer comfort to their mothers after the conflict was over. Most often this was in the form of a physical expression of affection and words of encouragement. At times the comfort was offered for an extended period of time, until the mother appeared to be feeling better. Some mothers reported that these moments were some of the closest they experienced with their sons. There were many reports of boys holding themselves responsible for the parental conflict, often because the parents were in fact feuding about them. The boys would often fail to eliminate their perceptions of self-blame, despite encouragement from their mothers to do so. On the other hand, there were some accounts of boys perceiving beneficial aspects to the parental quarreling. For example, from the boys' perspectives, the conflict might facilitate the chances of the parents reaching a high level of accord which would temporarily relieve the tension in the home, or the conflict could heighten the possibility of separation which some boys would deem as desirable. (Some boys would seize the opportunity of a parental quarrel to make demands of their mothers to separate)

Strengthen relationship with mother. There were innumerable references in the dual interviews of ways in which the boys would seek to enhance their relationships with their mothers during periods of non-conflict, yet perhaps underlying tension. Many of the boys expressed a need for closeness with their mothers and described ways in which they had put forth a concerted effort to communicate this need to their mothers. Commonly reported responses were ones of support and helpfulness to the mothers, expressions of concern for her well-being, and attempts to portray a role of protector in the face of adversity. Some mothers indicated that despite the turmoil they had undergone, their relationships with their boys were surprisingly intact and thriving. In large part they attributed this to the needs of their sons for at least one stable parental relationship. A few mothers expressed concerns of over-closeness, or of potentially symbiotic mother-son relationships which they viewed as arising from inordinate needs for security in both themselves and their sons.

Self-protective responses. Many mothers described situations in which they received unusually poor treatment from their sons, including physical intimidation, passive-aggression, verbal abusiveness, and withdrawal of affection. There were numerous descriptions of excessive and unreasonable demands placed on the mothers by their sons, pertaining to such things as money, social activities, receiving attention, and the family's living situation. There were also numerous descriptions of situations in which the mothers were unable to obtain compliance from their sons in response to requests. In the interviews with the boys, there was ample acknowledgment of these kinds of behaviors in their relationships with their mothers. However, it seemed that that these behaviors were quite often in response to situations in which the boys were understandably upset. For example, they would feel wrongly blamed by their mother for a misdemeanor; they would have little by way of recreation time with their mother; their mother would make a decision to return to or remain with her abusive husband; their mother would restrict the boy from interacting with certain neighbourhood children. Therefore, it is possible to interpret some of the boys' negative behaviors towards their mothers as self-protective responses in what they perceive to be the face of adversity. In other words, these could be construed as methods that the boys feel would allow them to meet some basic needs which otherwise would remain unmet.

Summary of Data Analysis

Quantitative Data

A number of data analyses were conducted to examine hypotheses pertaining to the behavioral adjustment and coping responses of the target group of boys of battered women. In terms of adjustment, using the Child Behavior Checklist (CBC) and the clinical scales of the Roberts Apperception Test for Children (RATC), the target group was shown to have significantly greater behavioral adjustment problems than children in the general population. Subjects who were reportedly physically abused by their fathers were found on the CBC to be significantly more maladjusted than non-physically abused subjects.

In terms of coping responses, it was found through the Coping Inventory-Child's Form (CI-CF) that the target group subjects perceive themselves as resorting to significantly more methods of endurance (an avoidant/less effective response) and significantly fewer methods of stress-recognition (an active/more effective response) as a means of coping with stress relative to the self-perceptions of children in the general population. Comparing the CI-CF with the parallel Coping Inventory-Mother's Form (CI-MF) showed that the mothers of target group subjects perceived them as using significantly more methods of aggression and self-destruction (destructive/ineffective responses) and significantly fewer methods of distraction in response to stress than the boys perceived themselves as using. Furthermore, an analysis of the adaptive scales of the RATC determined that the target group manifested significantly lower adaptive resources in coping with interpersonal situations than children in the general population. Finally, the more poorly-adjusted target group members (identified through the CBC) were rated on the CI-MF as displaying significantly more methods of aggression, self-destruction, distraction, and endurance in response to stress relative to better-adjusted members of the target group.

In terms of subsidiary findings of note, those boys who reportedly tended to blame themselves for parental quarreling were rated as significantly less adjusted than those who did not tend to blame themselves, and those who reportedly sought information from their mothers about parental quarreling were also rated as significantly less adjusted than those who did not seek such information.

Clinical Interview Data

Themes involving familial stressors and coping responses were identified in the interview data of the boys and their mothers. It was found that a source of major stress to the boys was in their relationships with their fathers. Specifically, these stressors involved physical and emotional abuse towards them by their fathers, alcohol abuse of the fathers, and lack of father-son involvement. Themes of coping in response to these father-stressors emerged. These included the following: display of emotional unrest (e.g. fear, sadness), venting frustration toward the father, projecting frustration toward a sibling, modeling the father's behaviors, emotional repression, acknowledging the reality of the father's dysfunction, and expressing a desire for closeness with the father.

Another source of major stress to the boys was their parental relationships. Specifically, these stressors involved the witnessing of physical abuse of the mother by the father, exposure to verbal conflicts and emotional abuse, the experience of underlying tension between the parents, conflict between the parents in terms of child management, and ineffective mothering as a result of the marital stress. Themes of coping responses were identified. These included physical withdrawal, expressions of emotional upset, active responses during parental conflicts (e.g. sitting close to mother, distracting parents), active responses after parental conflicts (e.g. encouraging parents to make up, offering comfort to the mother), strengthening the mother-son relationship during times of non-conflict, and a variety of self-protective reactions (e.g. demanding, defiant behaviors).

CHAPTER FIVE: DISCUSSION

Findings of the Study

Quantitative Findings

Thirty boys aged 8 to 12 who had recently accompanied their mothers into a shelter for battered women served as the subjects in this study. Quantitative data pertaining to their behavioral adjustment and coping responses were gathered, using the Child Behavior Checklist (CBC) completed by the mothers to measure behavioral adjustment, the Roberts Apperception Test for Children (RATC) administered to the boys to measure both behavioral adjustment and coping responses, and the Coping Inventory-Child's Form (CI-CF) and Coping Inventory-Mother's Form (CI-MF) to measure coping responses to stress.

The following quantitiative results were obtained:

Behavioral Adjustment:

1) As expected based on previous findings outlined by Fantuzzo and Lindquist (1989), the target group was shown to have significantly greater behavioral adjustment problems than children in the general population, as on the CBC the mean Total Sum T-score of the target group was close to two standard deviations higher than what would be expected of the general population. Similarly, on the RATC the mean overall T-score of the five clinical scales was one-and-a-half standard deviations above the expected value of the general population. Furthermore, the target group scores were

significantly higher on four out of five RATC clinical scales of adjustment (Aggression, Depression, Rejection, Unresolved) relative to a non-clinical norm group children used to standardize the RATC; in fact, relative to a clinical norm group assessed by the authors of the RATC, the target group scores were significantly higher on two of the five scales (Aggression, Depression).

2) Target group subjects who were reportedly physically abused by their fathers on at least one occasion received significantly higher ratings on a number of scales of the CBC, including the Total Sum, Internalizing, and Externalizing dimensions relative to those subjects who were reportedly never physically abused by their fathers. Thus, the physically abused boys were shown to be significantly more maladjusted than the non-physically abused boys, at least from the perspectives of their mothers. (The clinical scales of the RATC did not differentiate these two groups.) Hughes, Parkinson, and Vargo (1989) had found a non-significant relationship between these two groups, although the abused/witnessing group scored significantly higher on maladjustment measures than a community comparison group, while the non-abused/witnessing group did not.

Coping Responses:

3) Analysis of the results of the CI-CF, assessing coping responses to stress, found that the target group had a significantly higher mean score on the Endurance scale and a significantly lower mean score on the Stress Recognition scale than the children from the general population on which the test was normed. Thus, there is evidence that boys of battered women differ from children in the general population in their efforts to cope with stress, relying more

on avoidant means of coping (emotional repression and solitary endurance) and less on active means (emotional expression and help-seeking). Active coping is thought to be more effective than avoidant coping, on the basis of certain studies of hospitalized children awaiting surgery (LaMontagne, 1984; Field et al., 1988).

4) The mean scores of the the CI-MF were significantly higher on two scales (Aggression, Self-Destruction) and significantly lower on one scale (Distraction) than the mean scores of the CI-CF. Thus, from the mothers' perspectives, their sons are more prone to aggression and self-abuse (destructive means of coping) in response to stress and less able to distract themselves from stressors than the boys' perceptions of themselves.

5) An analysis of the adaptive scales of the RATC (assessing coping responses) found the mean T-score of the target group on the seven adaptive scales to be close to one standard deviation below the expected mean value of the general population. Further analysis revealed that the target group obtained significantly lower mean scores on six of the seven adaptive scales relative to the well-adjusted norm group; only two of the seven adaptive scale mean scores of the target group differed significantly from those of the clinical norm group. Thus, as expected the target group manifested poorer adaptive resources in coping with interpersonal situations than children in the general population.

6) Members of the target group who were rated as having poorer overall adjustment on the CBC were also found to be rated significantly higher on four of the five scales of the Coping Inventory-Mother's Form (Aggression, Self-Destruction, Distraction,

Endurance) relative to members of the target group who showed better behavioral adjustment. Thus, as expected the more poorly-adjusted boys of battered women utilize less effective coping responses to stress (destructiveness, avoidance) than better-adjusted boys of battered women, at least from their mothers' perspectives. This finding suggests that certain coping approaches are not facilitative of stress resiliency, a concept described by Rutter (1985).

Subsidiary findings. Certain incidental data were analyzed, leading to a number of subsidiary findings. It was determined that the target group of boys from lower income families received higher ratings on the Social Withdrawal and Aggressive subscales of the CBC relative to the boys from higher income families. On the CI-MF, older subjects (aged 10-12) and subjects whose paternal relationships were with their stepfathers received significantly higher scores on the Distraction scale relative to, respectively, younger subjects (aged 8-9) and subjects whose paternal relationships were with their natural fathers. Furthermore, on the CI-CF, native Indian subjects rated themselves as significantly higher on the Distraction scale than did Caucasian subjects.

Data were gathered pertaining to the manner in which the target group subjects responded to parental conflict. Compared to an original sample from the general population (Jenkins et al., 1989), at least twenty-five percent more of the target subjects were reported to respond to parental quarrels by taking sides (typically the mother's), making comments about the quarrelling, crying, seeking contact with a sibling, offering comfort to a parent (typically the mothers), and blaming themselves for the quarrelling.

Subjects who were reported to have tended to blame themselves for parental quarreling obtained significantly higher Sum Total, Internalizing, and Externalizing scores on the CBC relative to subjects who were reported to have never blamed themselves for parental quarreling. Subjects who sought to obtain information about the parental quarreling obtained significantly higher Sum Total and Internalizing scores relative to subjects who never sought to obtain information about the parental quarreling.

Clinical Interview Findings

Separate clinical interviews of both the mothers and boys were also conducted as a way of providing supplementary information pertaining to the kinds of family stressors the boys were subjected to and their manner of responding to such stressors. Two major stressors were evident in both sets of interviews, namely stressors presented by the boy's father and by the parental relationship.

Coping with Father-Stressors

In terms of "father-stressors", a common theme involved physical abuse of the boys by their fathers, exceeding what would be regarded as standard disciplinary measures. An even more prevalent theme was emotional abuse directed to the boys, including messages of rejection, inordinate criticism, verbal abuse, and interference in peer relationships. Another stressor involved the father's excessive use of alcohol, at times resulting in maltreatment of the child, extended absenteeism of the father, and financial neglect. Finally, a major stressor involved the father's lack of interaction with the son even when together at home.

A variety of coping responses of the boys to the various father-stressors were evident. One commonly reported response was to display emotional unrest, including fear, worry, and sadness, often discerned by their mothers. The most prominent emotional expression was that of anger or frustration, often directed by the boys toward their fathers. However, there were many reports of the boys venting their anger toward their siblings in the form of physical aggression, put-downs, and name-calling, and toward their mothers in the form of temper outbursts, projective blaming, and uncivilized manners. In this regard, a number of mothers expressed concerns that their sons were modeling the behaviors of their fathers. A commonly reported coping response by the boys was that of emotional repression, including an unwillingness to express feelings about their fathers, and emotional withdrawal from the family, or attempts to avoid interacting with their fathers. Clearly evident was a coping response that could be described as "reality awareness", in which the boys would establish for themselves an awareness of their fathers' dysfunctions - in this sense, they would cope by allowing themselves to accept the reality of their fathers' contributions to the stress in their lives. However, this would not necessarily result in a distancing response to the father. On the other hand, there were numerous reports in which the boys desired and/or pursued closeness with their fathers despite an awareness of their fathers' shortcomings. There were some examples in which the boys' preferred coping response was to deny the father-stressors so as to maintain a sense of closeness with their fathers. (It is important to note that these father-stressors were presented only by the mothers and boys, and were not verified through an assessment of the father, as this was beyond the scope of this study).

Coping with the Parental Relationship Stressors

Many mothers used the word "tension" to describe the ongoing family atmosphere, stemming from the frequent emotional and physical violence between the parents. Most mothers reported that they were often successful in shielding their children from witnessing incidents of physical abuse, but much less successful in shielding them from the emotional abuse they received from their husbands. Another word frequently used by the mothers was "controlling" in reference to their husbands' style in the marital relationships, often restricting the social and work lives of the mothers, their access to money, their emotional expressions, and general decision-making. There were many reports in which the husbands held themselves unaccountable to their wives and yet placed inordinate demands upon them. They often controlled through physical intimidation, and the intimidation persisted even after separation. They often conflicted about child management in front of their children. The mothers often presented themselves as having a stressful impact on their sons, as their mental, emotional, and physical exhaustion would render them ineffective as parents. However, the boys generally presented their mothers in a positive way, instead holding their fathers as most responsible for the family difficulties. A number of boys expressed a sense of distress about the physical violence between their parents, but were equally distressed about the verbal feuding that they were exposed to.

It was apparent through the interviews that the boys were generally well aware of the tension and conflict between their parents and that they would find ways to actively cope with this stress. The most commonly reported response to the parental relationship stressors was physical withdrawal, either to another room in the house or else to the outdoors. Generally, the reported intent behind such behavior was to remain uninvolved. Other frequent responses were emotional repression (e.g. refusing to talk to anyone about the parental conflict) and denial (e.g. denying any effects of the parental conflict). On the other hand, there were reports of boys outwardly expressing emotional unrest in response to parental conflict, primarily in the form of worry, fear, and sadness. It was fairly common that boys would take active measures to be involved once a parental feud had commenced, such as sitting next to their mothers, blatantly siding with them, telling the parents to stop fighting, and finding ways to distract them. It was common for them to seek contact with a sibling. After the conflict had subsided it was very common for the boys to offer some form of comfort to their mothers. There were many reports of boys blaming themselves for the parental conflict, and some reports of boys actively encouraging their parents to make up.

It was clearly evident through both sets of interviews that many boys would actively seek to enhance their relationships with their mothers during periods of non-conflict, often communicating a need to be close. The mothers largely attributed this to their needs for at least one stable parental relationship. By the same token, there were a number of descriptions in which the boys treated their mothers in unusually poor ways, including intimidation, excessive demands, and defiance. It appeared from the boys' perspectives that these behaviors were generally self-protective, in response to situations in which their needs were not being met.

Limiting Conditions

Certain aspects of the research design are not ideally structured and, although these are not considered to have procured any significant deleterious effects upon the data, these aspects should be considered by future investigators in this area.

1) Relatively small sample size. While the actual size of the sample of boys of battered women (N=30) was adequate, it was not quite large enough to make certain sub-group comparisons with a high degree of confidence, as certain sub-groups (e.g. native Indian subjects) were less than N=10.

2) Single gender sample. The results of this study only hold true for boys, as only male subjects comprised the sample. No conclusions can be drawn that the same behavioral effects and coping processes occur in girls of battered women.

3) Sample from shelter only. The sample of boys of battered women were taken only from short-term emergency shelters. All 30 subjects were essentially in the same situation, having just recently departed from a turbulent family situation. Therefore, as only boys in this kind of scenario were examined, the results of this study

cannot be directly applied to boys from conjugally violent homes that remain intact or that have been divided for an extended time period, even though it can be surmised that the results in these kinds of scenarios would be no different.

4) No current comparison group. The comparison groups in this sample were comprised of the normative groups that were utilized to validate each of the three testing instruments used in this study (CBC, RATC, CI-CF). Ethnicity differed between the target group and various normative groups of the three instruments; for example, one-third of the target group were native Indians while each of the comparative norm groups (all of which were obtained in the United States) were comprised of a segment of black children. Furthermore, the norm groups of the RATC and the CI were described as middle-class, while close to one-half of the target group were from the lower class. While these limitations do not invalidate the findings of this study, it would have been preferable to have obtained a current comparison sample to better control these demographic factors (although this was beyond the scope of this study). It should be noted that virtually no differences were found in this study between native Indians and Caucasians, nor between the higher- versus lower-income families, as evidenced in the two tables of Appendix III, suggesting that these factors do not play a significant role in the adjustment and coping of this sample of boys of battered women.

5) Mothers' perspectives only. Because of the nature of the family situations, it was not possible to include the boys' fathers in this study. Consequently, the quantitative findings requiring parental input as well as the clinical interview findings were only

from the perspectives of the boys' mothers. It must be acknowledged that because of this one-sided view, the clinical interview data pertaining to the various stressors impacting the child may not have been entirely objective. For example, it may have been difficult for some mothers to freely acknowledge their own abusive tendencies toward their sons, while it was easier for them to point out the abusive tendencies of their husbands. However, this is not to suggest that any information provided by the mothers about their husbands was inaccurate or invalid.

Conclusions

Behavioral Adjustment

As a group, there is clear evidence to suggest that women who have been in an abusive marital relationship tend to perceive their sons as behaviorally maladjusted. These perceptions were made known through an objective measuring instrument of pathology (the CBC) and through verbal interchange in the form of a clinical interview. There is evidence through an independent measure of pathology (RATC) that the mothers' perceptions have validity.

As became clear through the dual interviews of both mothers and sons, nearly all of the family situations were fraught with periods of blatant conflict from which the children were unshielded. This conflict primarily resulted from dysfunctional interactional patterns between the parents which filtered down to create dysfunctional parent-child interactions, thus further exacerbating the already prevalent sense of chaos and instability within the household. In many cases there was no reprieve from this pressure, and when there appeared to be a temporary sense of relief arising from seemingly improved parental relations, such relief was often a superficial mask covering an underlying sense of tension and a vigilance to signs of the conflict which would inevitabely re-surface. Hence, the children would have minimal experience of stability and security or of an authentic sense of parental harmony and concord in their own relationships with their parents. Their role models would be two individuals locked within dysfunctional styles of problem-solving, communicating, and emotional expression. Given these scenarios, it is understandable how the behavioral adjustment of these children had gone awry. There is a limited possibility that these children will have the means to adjust to societal expectations of proper and acceptable conduct and healthy emotional development. There is a far greater likelihood that their adjustment will be influenced by their deleterious familial experiences typified by ongoing emotional and physical violence.

What, in general, does the behavioral adjustment profile of boys of battered women appear to be like? Such a profile can be generated on the basis of combined results from the CBC and RATC (tables 2 through 6 in Chapter 4) as well as the clinical interview data. To begin with, certain findings (e.g. Cummings, Iannotti & Zahn-Waxler, 1985; Forehand, 1987) suggest that boys in violent homes learn to react in an aggressive, undercontrolled, externalizing manner while girls in a fearful, overcontrolled, internalizing manner. However, in this study it was ascertained that the sample of boys of battered women were as high on the internalizing as the externalizing dimension of the CBC, if not higher. This disputes the notion that boys in violent homes learn to adapt primarily by expressing their emotions and experiences outwardly in the form of, for example, aggression and delinquency. Rather, there is evidence to suggest that they equally tend to act against themselves, resulting in internalizing symptoms such as anxiety and depression. In this sample, of the nine CBC subscales the highest mean T-score was on the Uncommunicativeness subscale which is part of the internalizing dimension; furthermore, this was the highest scoring subscale for one-third of the subjects, rather than the expected one-ninth were all mean subscale scores equal. In the interviews, many mothers expressed frustrations and concerns about their sons' unwillingness or inability to talk about matters of importance despite ongoing prodding to do so; the theme of emotional repression was very common, often seen as stemming from the son's modeling of his father. Thus, there was clear evidence that a prominent aspect of the general adjustment profile of these boys was their apparent need to remain within themselves, to protect their thoughts and emotions from scrutiny. Another prominent feature emerged through the RATC, which can be described as a lack of inclination to seek resolution to problems. One possible explanation is that boys of battered women may have few experiences in which familial problems are met with authentic resolution, despite their own efforts. Hence, it is possible that they adopt a learned helplessness to familial discord, to the extent that they resign themselves to what may seem to be irreparable problems. This in turn may explain their lack of communicativeness, as from their perspective there may be little point in self-expression if change is futile. From this it follows that other symptoms such as depression and aggression emerge, as their pent-up emotions seek some form of expression.

It is apparent from the findings in this study that the degree of behavioral maladjustment is related to the degree to which the child is subjected to stress. It was found that the boys in the sample who themselves were subjected to physical abuse by their fathers exhibited greater behavioral maladjustment than the boys who were not physically abused. Thus, while children's exposure to conjugal violence leads to behavioral disturbances, the added stress of receiving physical abuse further exacerbates these disturbances, resulting in even more pronounced symptoms of depression, uncommunicativeness, compulsiveness, hyperactivity, aggression, and the like. Not only must the child contend with his emotions arising from observations of his mother being abused, but of his own abuse as well. While non-abused children experiencing conjugal violence are apt to develop fear, suspicion, and hypervigilence in their manner of relating to others, abused children who are also witnessing conjugal violence have all the more reason to assume these characteristics. Their inability to trust their abusing parent can easily be generalized to the other parent who from their perspective is failing to protect them, and to all other adults who in turn are failing to intervene. Their only recourse is to turn inwards, to rely on their own mechanisms of survival. Unfortunately, most often these mechanisms are underdeveloped and symptoms of maladjustment can readily emerge. It can be these very symptoms that provide further fuel for parental abuse, and the cycle only deepens. The child's self-esteem correspondingly worsens. The self-esteem of the non-abused child exposed to conjugal violence is less vulnerable, as this child is less prone to be locked in a relationship with one or both parents in which his emotional needs are left unmet.

Coping Responses

It was quite evident through the dual interviews that this sample of boys of battered women were exposed to a wide range of stressors in the home, particularly pertaining to their relationships with their fathers and the nature of their parental relationships. While it was clear that most mothers made concerted efforts to protect their sons from as much stress as possible, the family dysfunctions were so excessive that such protection could not be complete. For example, how much can a mother protect her son from the financial repercussions of her husband's chronic alcohol abuse? How much can a mother protect her son from the frequent night-time beatings she receives? How much can a mother protect her son from her own emotional exhaustion stemming from her turbulent marital relationship? The effects are undoubtedly experienced by the child in all of these kinds of scenarios, even if these effects are somewhat blunted by the efforts of the mother (and sometimes the father as well) to maintain the problems solely at a parental level. Consequently, most of the children in the sample were called upon daily to exercise coping responses to the various family stressors impacting them. What appears to be the general coping profile of these boys?

It was of interest that this sample of boys of battered women rated themselves on the CI-CF as resorting to higher levels of endurance and lower levels of stress recognition than children in the general population. This essentially means that these boys are prone to dealing with stress in a solitary fashion, attempting as much as possible to suppress their emotions, to avoid any efforts to change or modify the stressor impacting them, and to ostensibly demonstrate that they are not being affected by the stressor. They are less inclined to process for themselves the effect that the stressor may be having on them, to seek assistance in coping with the stressor, or to find ways to alter or modify the stressor. This is consistent with the concerns and frustrations expressed in the interviews by the mothers, as a major theme was the repressed manner in which the boys would react to stressors in the family environment. Thus, it appears that their preferred approach is to avoid having to deal with the stressor. Again this reflects their tendency to delve inward in the face of adversity, possibly with the expectation, based on experience, that anything they might possibly do to alleviate the stressor will likely meet with failure.

In comparing the results of the CI-CF with those of the CI-MF, the mothers agreed with their sons' perceptions that they resort to high levels of endurance as a means of coping, but perceived the boys as using less distraction than the boys perceived of themselves. This was consistent with their expressed concerns in the interviews that their sons would often find it difficult to remove or distract themselves from the family conflict, and that even when they would resort to physical withdrawal (which was frequent) they would not be emotionally distracted from the conflict but instead weighed down by it. Thus, from the mothers' perspectives their sons were skilled at enduring the family stressors, or in other words, finding ways to deal with the family stress that would not negatively affect others; however, they were less skilled at remaining unaffected by the family stress themselves (e.g. by finding appropriate distractions).

Further comparisons of the CI-CF with the CI-MF determined that the mothers rated their sons as using significantly more aggressive and self-destructive means of coping than the sons rated themselves. In the interviews many mothers expressed substantial concerns that their sons were inordinately aggressive towards family members, particularly younger female siblings, and that these behaviors were likely a direct result of modeling similar behaviors in their fathers. (It bears emphasizing that such a “causal” relationship is being subjectively perceived by the mothers.) Concrete descriptions were related by the mothers of incidents involving physical and verbal destructiveness from the boys, lending credence to the mothers' claims of excessive aggression. Therefore it is of note that the boys rated themselves as less aggressive than they were rated by their mothers. This is consistent with their self-portrayal in the interviews, as it seemed important to them to be regarded as non-aggressive, or at least to give the impression that there were no deleterious effects of their aggressive responses. By way of a plausible explanation, a major theme in the interviews was that of "reality awareness", or the boys' apparent understanding of the role their fathers played in the family disharmony. The majority of boys in fact were holding their fathers' responsible for the family break-up, largely because of the manner in which they had treated the boys' mothers. Perhaps at the point of familial separation in which these boys were assessed, many were choosing to disassociate their own behaviors from the behaviors of their fathers, aggression being one of these. Perhaps at a time when the family was still intact, it would have been of less importance to the boys to be viewed as non-aggressive.

Through projective testing of a group of children construed as "well-adjusted", the authors of the RATC (McArthur & Roberts, 1982) obtained measurable values on a number of scales that purportedly reflect the level of a child's adaptive resources in coping with interpersonal situations. The mean values obtained by the target group suggest that in some respects their abilities to cope interpersonally are lower than children from the general population. For example, their mean score was close to two standard deviations below the mean of the well-adjusted group on the Support-Other scale, reflecting their tendency to support others by giving assistance, emotional support, or material objects, and close to one standard deviation below the mean on the Reliance scale, assessing their tendency to reach out to others for help in solving a problem, either external or intrapsychic. These findings are once again indicative of the apparent need or desire of boys of battered women to turn inward, away from others in either a giving or receiving capacity. Their mean score on the Support-Child scale, measuring self-sufficiency, was higher than the Support-Other and Reliance mean scores, yet nonetheless significantly lower than the mean of the well-adjusted group. Other adaptive resources, including the identification of specific interpersonal problems and the ability to fashion resolutions to these problems, were also significantly lower relative to the well-adjusted group. In fact, the adaptive coping profile of the target group was much more similar to that of a "clinical" sample assessed by the authors of the RATC. These results suggest that boys of battered women have fewer personal resources at their disposal to relate effectively to others and to cope with the inherent stressors of interpersonal relationships. This is likely a reflection of their inclination to remain in emotional isolation from others, striving to meet their emotional needs independently as much as possible, avoiding opportunities to either give or receive support in relation to others. Consequently they become less socially effective or less able to identify and resolve interpersonal difficulties than children from the general population who are less prone to emotional isolation.

Another finding was that the the more poorly-adjusted boys in the sample utilized different coping responses than the better-adjusted boys, at least from the perspectives of their mothers. This finding harkens to the notion of stress resiliency. Is it possible that certain boys of battered women are better adjusted because they utilize different methods of coping than their more poorly-adjusted counterparts? Rutter (1985), who is concerned with the individual's constitutional features that serve to heighten stress resiliency, indicates that unpleasant and potentially hazardous events may in some circumstances strengthen the individual, thus incurring a "steeling" effect of stressors. Under other circumstances, such stressful experiences may cause greater susceptibility to later stressors, thus incurring a "sensitising" rather than steeling effect. What process is occurring that determines whether a particular stressor will produce a steeling or sensitising effect? Rutter asserts that certain factors exist which modify, ameliorate, or alter the individual's response to some threat or hazard which predisposes to a maladaptive response. Rutter refers to these as "protective factors", mechanisms that are likely a basis of the individual's constitution. However, it may also be possible that such protective factors encompass effective methods of coping as learned or adopted by the child. In this study it was ascertained that, relative to the better-adjusted boys, the more poorly-adjusted boys more often resorted to methods of endurance, distraction, aggression, and self-destruction in their efforts to cope with stress, based on the results of the CI-MF. Is it possible that such methods promote a "sensitizing" effect of stressors, causing greater vulnerability to later stressors? Perhaps there are more effective methods of coping, not necessarily measured through the Coping Inventory, that facilitate a "steeling" effect of stressors, rendering the child less susceptible to the deleterious effects of the identified stressors. In this way the child may be in a more able position to manage future stressors and consequently attain a higher level of adaptive functioning, or in other words behavioral adjustment. For now there is the suggestion that such methods as endurance, distraction, aggression, and self-destruction are not necessarily facilitative coping responses, at least amongst some boys of battered women. In other words, passive/avoidant coping approaches (e.g. endurance, distraction) and blatantly externalizing coping approaches (e.g. aggression, self-destruction) appear to hamper the child's opportunities to develop his social and emotional skills.

Implications for Treatment

The findings of this study point to a substantial need for special treatment services for boys of battered women. Given that a prevalent characteristic of this population of children is emotional repression, it is important for them to experience a forum which emphasizes emotional expression. They are often raised in an environment in which appropriate expression is discouraged either directly or indirectly. They come to learn that it is best to maintain their thoughts, feelings, and opinions within themselves as emotional expression could lead to invalidation or ridicule. As they grow older, this may become a firmly entrenched pattern of relating, where they come to automatically repress their feelings and thoughts, particularly within the family situation. It would be beneficial to address these tendencies as early as possible, as there is a greater likelihood that a latency-age boy would be more willing and able to adopt healthy modes of emotional expression than an adolescent. This sample focused on boys aged 8 to 12, and already there was clear evidence of strong repressive tendencies. Such tendencies are likely even more evident amongst adolescent males of battered women.

There appears to be a particular need for treatment for boys of battered women who themselves have been subjected to physical abuse, as these boys were found to have poorer levels of behavioral adjustment than their non-abused counterparts. Given that their fathers have resorted to physical abuse against them, it can be surmised that in general these father-son relationships are more turbulent and fraught with higher degrees of emotional abuse. Hence, the stressors in the lives of these boys are multiplied, as they are not only faced with the dysfunctions in their parental relationships, but in their own relationships with their fathers (and likely mothers too, whom they may perceive as having failed to protect them). These boys likely experience a higher degree of helplessness, leading to even greater emotional repression and a build-up of hostility and depression.

A component of any treatment approach with boys of battered women should involve their coping responses. The manner in which they respond to the various family stressors impacting them sets the tone for their future manner of responding to similar stressors, holding obvious implications for the intergenerational transmission of violence. From this research it is apparent that a popular method of this group of boys in dealing with family violence is to simply endure the stressors, to quietly regulate their own reactions and as much as possible avoid the particular stressor. Following this however is a tendency of these boys to displace their emotions to more vulnerable recipients in their environment, such as younger siblings. It is also common to project their emotions onto themselves by, for example, holding themselves responsible for family stressors which objectively are beyond their control. Such self-blame, it was discovered, is related to even higher levels of maladjustment. Hence, treatment providers must be wary of these delayed projective and self-defeating coping reactions to familial stressors, offering to the child more healthy and functional methods of coping that they could access in their efforts to manage family stress. These are best explored within a family context, as it is important for parents to gain insight into ways in which they discourage healthy and appropriate coping responses in their sons. Without such parental insight, it would be difficult for any child to make desirable changes.

Implications for Future Research

Because this study only focused on boys of battered women, a definite need exists to similarly examine the behavioral adjustment and coping responses of girls of battered women. It can be surmised that the adjustment and coping profiles of this population of girls somewhat differs from that of boys. It would also be useful to focus on different age groups. For example, relatively little research has been carried out on pre-schoolers of battered women, when in fact this appears to be the largest percentage of children accompanying their mothers to shelters for battered women. At the other end, it would be useful to gain more insight into the adjustment and coping of adolescents of abused women, particularly given the longevity of exposure to family violence of many of these children; is it possible that by this juncture their behavioral patterns are so firmly set that there is little chance of rehabilitation in more healthy directions? This begs another research question: at what age range will treatment for children of battered women incur the most desirable effects? Once such an age range can be identified, more intensive efforts could be put into reaching these particular children therapeutically. For example, it is suspected that treatment would be more effective for latency-aged children than adolescents.

As this study investigated boys who had just recently experienced the crisis of family disruption, it would be of benefit to examine the behavioral adjustment and coping responses of children whose families had been divided for a substantially longer period of time. While certain stressors are inherent in parental separation (e.g. financial), in most situations the degree of tension and conflict would have significantly declined. It would be of interest to determine whether the adjustment and coping of children of battered women change over the course of prolonged parental separation.

There is a paucity of published coping measures for pre-adolescents, suggesting the need for a greater focus in this area. It would be useful, for example, to construct a measure differentiating children in terms of theoretically identified coping styles, such as active versus avoidant, or problem-focused versus emotion-focused. In such a way it can be determined if children of battered women tend to respond according to specific styles of coping.

As a way of gaining further insight into the role of coping in the intergenerational transmission of violence, a longitudinal study could be constructed in which the coping styles of children or adolescents of battered women could be identified, followed by a long-term follow-up investigation into their ability to adjust in marital relationships. It is possible that children or adolescents who manifest particular coping styles adjust in specific ways in their future significant relationships. This would have significant ramifications for treatment once it can be ascertained that certain styles of coping in childhood lend to more effective adjustment in adulthood.

Summary

The effects of conjugal violence on children has been an issue receiving heightened research attention for over a decade. This study investigated the behavioral adjustment and coping responses of boys of battered women as a way of addressing both the effects and the psychological processes incurring within boys exposed to family violence. It was found that boys of battered women are more poorly-adjusted behaviorally than children in the general population and that the maladjustment is exacerbated when the boys themselves have been physically abused by their fathers. It was also found that boys of battered women more often resort to methods of endurance and quiet perseverance in coping with stress relative to children in the general population, and less often to stress recognition, or in other words actively helping themselves (e.g. through seeking the assistance of others) to deal with the stressor. Their mothers perceive them as using significantly more aggressive and self-destructive means of coping and significantly less distractive means than they perceive of themselves. Boys of battered women manifest poorer adaptive resources in coping with interpersonal situations relative to children in the general population. According to their mothers, the more poorly-adjusted boys of battered women use more aggression, self-destruction, endurance, and distraction than the better-adjusted boys of battered women. Supplementary data suggest that boys of battered women are most stressed by their relationships with their fathers and by their parental relationships. They resort to a host of different coping approaches in their efforts to manage these stressors, not the least of which are physical withdrawal and emotional repression, projection of anger, seeking closeness to one or both parents, and actively intervening to curtail or minimize the effects of parental conflict.

In summary, what is most apparent in the adjustment and coping profiles of boys of battered women is their tendency to turn inward as a way of managing their stressful environments. They appear prone to avoidance more than any other reaction - avoiding contact with others, be they family members who are creating the stressors in their lives, or people in their lives who can provide help and support. They seem to prefer to deal with the problems in their lives in solitary fashion, choosing to support themselves as much as possible through their various ordeals. In short, they appear to lack trust, understandably so given that they have been existing in an unpredictable world complete with ongoing tension and bursts of blatant conflict. In many cases it will only be through intensive therapeutic treatment that these boys can begin the process of permitting themselves to reach out for help and establish trust in others, in so doing reducing the chances that they too will one day create an untrusting environment for their own children.

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APPENDIX I: Form Letter to Mothers

University of Alberta
Edmonton
Canada T6G 2G5

Department of Educational Psychology
Faculty of Education
6-102 Education North, Telephone (403) 492-5245
Fax (403) 492-1318

COPING WITH STRESS STUDY

Dear Parent:

A study of how male children (aged 8 to 12) cope with stress and conflict is currently being conducted through the Educational Psychology Department of the University of Alberta.

We request that you consider the participation of yourself and your son in this important project. Approximately one-half hour of your time would be required for a brief interview and the completion of a written questionnaire pertaining to your son. Approximately one hour of your son's time would be required, also involving an interview and the completion of a questionnaire. These confidential interviews will occur at a place convenient to you. They will be conducted by a psychologist who is registered with the Psychologists' Association of Alberta and has had substantial experience in the area of child assessment. There will be no need to provide your last name. Feedback about the assessment will be given to all mothers who request it. Some mothers might find that the information gained through this psychological assessment would give them a better understanding of their child's coping abilities in response to stress and conflict.

This research study is a partial requirement for the completion of Mr. Peter Lyons' Ph.D. degree. Your involvement, which is strictly voluntary, would be appreciated. If you are willing to participate or wish to have further information about the study please contact one of the undersigned or leave your name with the shelter staff. Thank you.

Peter Calder, Ph.D.
Supervising Professor
Phone: 492-3696

Peter Lyons, M.Ed.
Psychologist/Researcher
Phone: 492-6896

APPENDIX II: Standardized Questions in the Clinical Interviews

STANDARDIZED QUESTIONS IN THE CLINICAL INTERVIEWS

Interviews of Mothers

1. What were the circumstances leading up to your arrival at the shelter?
2. In what manner did your son react to these circumstances and to the transition to a new living environment?
3. What is your son's relationship like with his father?
4. What is your son's relationship like with you?
5. What effects do these relationships have on your son's psychological development?
6. What is your son's general behavior like?
7. Do you have any concerns about your son's behavior or emotional development?
8. What is your son's school performance like?
9. What are your son's peer relationships like?
10. In what areas would you like to see your son change?
11. In what areas would you like to see you son not change?
12. To what extent did you and your husband conflict?
13. To what extent was your son exposed to your conflict with your husband?
14. In the past year has your son ever reacted to parental conflict by:
    a) sitting beside you or your husband;
    b) telling either or both of you to stop fighting;
    c) in some way distracting the two of you from fighting;

d) showing that he is taking sides;

e) crying;

f) actively encouraging you and your husband to make up afterwards?

g) seeking contact with and/or confiding in a sibling;

h) seeking contact with and/or confiding in a friend;

i) offer comfort to you and/or your husband after the conflict;

j) blaming himself for the parental conflict;

k) obtaining information about the conflict from you and/or your husband;

l) perceiving beneficial aspects of the parental conflict.

Interviews of Boys

1. Do you have any idea why your mother decided to leave your father?
2. How do you feel about the shelter?
3. How do you get along with your mother?
4. How do you get along with your father?
5. How did your mother and father usually get along?
6. What would you usually do when your mother and father conflicted?
7. Was there anything about your life at home that you would like to see change?
8. How do you like school?
9. Do you have as many friends as you would like or do you wish that you could have more?

10. If there was anything that you would like to change about yourself, what would that be?
11. It there was anything that you wouldn't want to change about yourself, what would that be?
12. What something that can make you really mad? What do you do when you are mad?
13. What something that can make you really sad? What do you do when you are sad?
14. What is something that you worry about alot? What do you do when you worry about this?

APPENDIX III: Subsidiary Tables

TABLE 17 Comparing Groups on Factors of Age, Racial Origin, Paternal Relationship, Birth Order, Socio-Economic Status, and Existence of Physical Abuse Toward Mother Using the Child Behavior Checklist (CBC)

CBC Scale	Age Group	Racial Origin	Paternal Relationship	Birth Order	SES (Annual family income)	Physical Abuse toward Mother
Schizoid	-.99	-.28	.83	-.85	1.48	1.09
Depressed	-1.18	.02	-.13	.66	1.79	.72
Uncommun.	-.18	.04	-.73	.19	1.80	-.04
Obsessive	-.96	-1.52	-.59	.46	.73	.61
Somatic	-1.20	.52	-.96	1.17	.09	.39
Withdrawal	-1.15	-.17	-.57	.57	2.07*	1.17
Hyperactive	-.17	-1.80	-1.18	-.03	.88	.02
Aggressive	-.68	-.67	-.58	.46	2.17*	-.24
Delinquent	-.05	-.96	-.66	.18	1.28	.24
Sum Total	-1.14	-.18	-.66	.24	1.41	.33
Internalize	-1.55	.33	-.57	.49	1.28	.69
Externalize	-.88	-.72	-.80	-.06	1.64	-.09
Group and Count**	Age 8-9 =16, Age 10-12 =14	Caucasian =20, Native Indian=9	Natural Father=17, Stepfather =13	Firstborn =16, Laterborn =14	$10-20,000 =13, >$20,000 =17	Abused =22, Not abused=8

*Significant at alpha=.05

**If t value is positive, mean of first group is higher; if t value is negative, mean of second group is higher.

TABLE 18 Comparing Groups on Factors of Age, Racial Origin, Paternal Relationship, Birth Order, Socio-Economic Status, and Existence of Physical Abuse Toward Mother Using the Coping Inventory (CI)

CI Scale	Age Group	Racial Origin	Paternal Relationship	Birth Order	SES (Annual family income)	Physical Abuse toward Mother
Child's Form						
Aggression	-1.28	0.46	-1.40	0.38	-0.30	-1.91
Stress-Recog.	0.41	-1.18	0.94	-1.18	1.02	0.36
Distraction	1.47	-2.15*	0.87	-0.78	1.17	0.07
Self-Destruc.	-1.89	-0.09	-1.68	0.63	0.56	-0.44
Endurance	0.58	-0.17	0.08	0.26	-0.90	1.33
Mother's Form						
Aggression	0.37	-0.19	0.19	-0.14	0.89	-2.01
Stress Recog.	-1.44	0.30	-1.14	-0.65	-0.90	-1.15
Distraction	-2.94*	-0.63	-2.45*	1.22	0.68	0.07
Self-Destruc.	-0.63	-0.74	-0.19	-0.09	1.28	0.82
Endurance	-1.15	0.40	0.12	0.92	0.14	-0.24
Group and Count**	Age 8-9 =16, Age 10-12 =14	Caucasian =20, Native Indian=9	Natural Father=17, Stepfather =13	Firstborn =16, Laterborn =14	$10-20,000 =13, >$20,000 =17	Abused =22, Not abused=8

*Significant at alpha=.05

**If t value is positive, mean of first group is higher; if t value is negative, mean of second group is higher.